Section 2 - CLAIMS TRACKING MASTER MENU

Claims Tracking Menu for Billing
Claims Tracking Menu (Combined Functions)
Claims Tracking Menu (Hospital Reviews)*
Claims Tracking Menu (Insurance Reviews)*

*Documentation for the options contained in these menus can be found under the Claims Tracking Menu (Combined Functions) portion of this section.

Option Overview

CLAIMS TRACKING MENU FOR BILLING

CLAIMS TRACKING EDIT - See Claims Tracking Edit option under Claims Tracking Menu (Combined Functions).

PRINT CT SUMMARY FOR BILLING - See Print CT Summary for Billing option under Claims Tracking Menu (Combined Functions).

ASSIGN REASON NOT BILLABLE - Allows you to flag an inpatient or outpatient visit, or Rx refill as billable or non-billable by assigning a Reason Not Billable.

THIRD PARTY JOINT INQUIRY - Provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care.

CLAIMS TRACKING MENU (COMBINED FUNCTIONS)

PENDING REVIEWS - Uses a series of screens to display all pending reviews that have a pending review date within the last seven days.

CLAIMS TRACKING EDIT - Allows entering/editing of Claims Tracking Entries. It is the main gateway to most Claims Tracking functions.

SINGLE PATIENT ADMISSION SHEET - Allows you to print an admission sheet for a single visit (either the current admission or a selected admission).

INSURANCE REVIEW EDIT - Uses a series of screens to allow you to enter and edit MCCR/UR related contacts associated with a claims tracking entry.

APPEAL/DENIAL EDIT - Allows you to enter, edit, and track the appeals for either a patient or an insurance company.

INQUIRE TO CLAIMS TRACKING - Displays or prints stored information about a single visit.

SUPERVISORS MENU (CLAIMS TRACKING)

MANUALLY ADD OPT. ENCOUNTERS TO CLAIMS TRACKING - Outpatient encounters that have been checked out through the Scheduling module are normally added during the IB nightly background job. Only primary outpatient encounters that have been checked out will be added in the first twenty days after the date of the encounter. This option allows you to search for outpatient encounters that were not checked out within twenty days and automatically add them to Claims Tracking.

CLAIMS TRACKING PARAMETER EDIT - Allows you to edit MCCR site parameters that affect the Claims Tracking module.

MANUALLY ADD RX REFILLS TO CLAIMS TRACKING - Prescription refills that have been released within ten days of the fill date are automatically added during the IB nightly background job. This option allows you to search for refills that were not released within ten days and automatically add them to Claims Tracking.

REPORTS MENU (CLAIMS TRACKING)

UR ACTIVITY REPORT - The UR Activity Report includes **total** activity during the date range. It provides a detailed listing of the Insurance Reviews, Hospital Reviews, or both for the selected dates; a summary report by admission; and a summary report by specialty.

PRINT CT SUMMARY FOR BILLING - Provides detailed information about a visit for use by billers when entering claims, or answering questions about claims.

DAYS DENIED REPORT - Prints a summary or detailed listing of denials. It can be sorted by patient, attending physician, or bed service (i.e., surgery, psychiatry, medicine).

MCCR/UR SUMMARY REPORT - Prints a summary of hospital activity by either admission or discharge for a specified date range including the number of reviews.

LIST VISITS REQUIRING REVIEWS - Prints a list of visits that require either an insurance review, hospital review or both. Only visits that are admissions are included.

REVIEW WORKSHEET PRINT - This option is similar to the Review Worksheet action on the Insurance Review screen. A worksheet for a current inpatient can be printed containing demographic data and information about current room/bed, ward, and provider.

SCHEDULED ADMISSIONS W/INSURANCE - Prints a list of scheduled admissions in Claims Tracking for insured patients. Included are patients with past scheduled admissions and scheduled admissions up to three days into the future.

PENDING WORK REPORT - Prints a Pending Work List similar to the Pending Reviews option. The list can be sorted by who the review is assigned to, due date, patient, type of review, or by current ward of the patient, for either Insurance Reviews, Hospital Reviews, or both.

UNSCHEDULED ADMISSIONS W/INSURANCE - Prints a list of patients who were insured on their admission date and were unscheduled admissions. In addition, it prints information about the number of reviews completed and the insurance company actions.

HOSPITAL REVIEWS - Allows entry of the utilization management information required by the Quality Management office. Hospital reviews are the application of Interqual criteria to determine if the admission or continued stay meets specific criteria.

CLAIMS TRACKING MENU (HOSPITAL REVIEWS) - Option overviews are located under Claims Tracking Menu (Combined Functions).

CLAIMS TRACKING MENU (INSURANCE REVIEWS) - Option overviews are located under Claims Tracking Menu (Combined Functions).

Task Chart

The following chart lists tasks taken from questions most commonly asked during testing of the Claims Tracking software and how they might be accomplished.

To accomplish this...	Do this...
Print a screen when you don't have a slave printer	Type PL (Print List) from any screen to print the entire list region including headers.
Let the computer remind you when a case should be reviewed again	Go into either the Hospital Reviews or Insurance Reviews screen, at the NEXT REVIEW DATE field enter the date you would like to review this case again. It will appear on the Pending Work Report for that day.
Remove pending items from the Pending Work Report ***(Especially after installation of this software, you might have items appearing on the list that do not actually require follow-up.)***	Print the list (Pending Work Report); mark the cases you wish to follow; go into the Pending Reviews option; at the "Select Action:" prompt enter "RL" (Remove From List); enter the corresponding number(s) from the list of the cases you wish to delete. This removes the entry from the list, but not from Claims Tracking. HINT: You can use abbreviations such as RL=3-8 to remove items 3 thru 8; however, on a list screen you can only select items that are shown. Taking an action such as RL=3-99 won't work.
Print a list of random sample patients	Go into the List Visits Requiring Reviews option; include only Hospital Reviews and answer YES to "List Admissions Only?". Accept the default at the "START WITH PATIENT:" prompt, and enter the date range you want.

To accomplish this...	Do this...
Print a summary of Hospital Reviews	UR Activity Report - prints cases reviewed and the results Inquire to Claims Tracking - prints visit, billing, and insurance information for a single visit, and lists all reviews performed Print CT Summary for Billing - visit, insurance, billing, eligibility
Have one person enter data, and another review and "complete" it.	The person entering the data should give the review a status of PENDING. The person reviewing/approving should then use the Inquire to Claims Tracking or Print CT Summary for Billing option to print the reviews. Then go into the Insurance Reviews Edit or Hospital Reviews option to edit, if necessary, then use the CS (Change Status) action on these screens to update the status to COMPLETE.

Claims Tracking Menu for Billing
Assign Reason Not Billable

INTRODUCTION This option allows you to flag an inpatient or outpatient visit, or Rx refill as billable or non-billable by assigning a Reason Not Billable. If there is no Reason Not Billable assigned, the billing information can be entered into Claims Tracking for the visit.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu for Billing
Assign Reason Not Billable

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
                Assign Reason Not Billable to Claims Tracking Entry


Select PATIENT NAME: GRAY,JOHN E        01-01-40     222338888     YES     NSC
VETERAN

Select VISIT: 500359// <RET>       GRAY,JOHN E   01-13-94    URGENT   INPATIENT
ADMISSION
REASON NOT BILLABLE: ??
     Enter the primary reason this episode of care should not be bi lled to
     an insurance company.

     If a reason not billable is entered, then this episode will no longer
     appear on reports as billable and will not be used by the automated
     biller as a billable event.

CHOOSE FROM:
   1               NOT INSURED
   2               SC TREATMENT
   3               AGENT ORANGE
   4               IONIZING RADIATION
   5               ENV. CONTAM.
   6               SERVICE NOT COVERED
   7               COVERAGE CANCELED
   8               NEEDS SC DETER MINATION
   9               NON-BILLABLE APPOINTMENT TYPE
   10              INVALID PRESCRIPTION ENTRY
   11              REFILL ON VISIT DATE
   12              PRESCRIPTION DELETED
   13              PRESCRIPTION NOT RELEASED
   14              DRUG NOT BILLABLE
   15              HMO POLICY
   16              REFUSES TO SIGN RELEASE (ROI)
   999             OTHER

REASON NOT BILLABLE: 1  NOT INSURED
ADDITIONAL COMMENT: ?
     If necessary, use this field for a brief additional explanation of why
     this case isn't billable.  Answer must be 3 -80 characters in length.
ADDITIONAL COMMENT: <RET>
```

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION

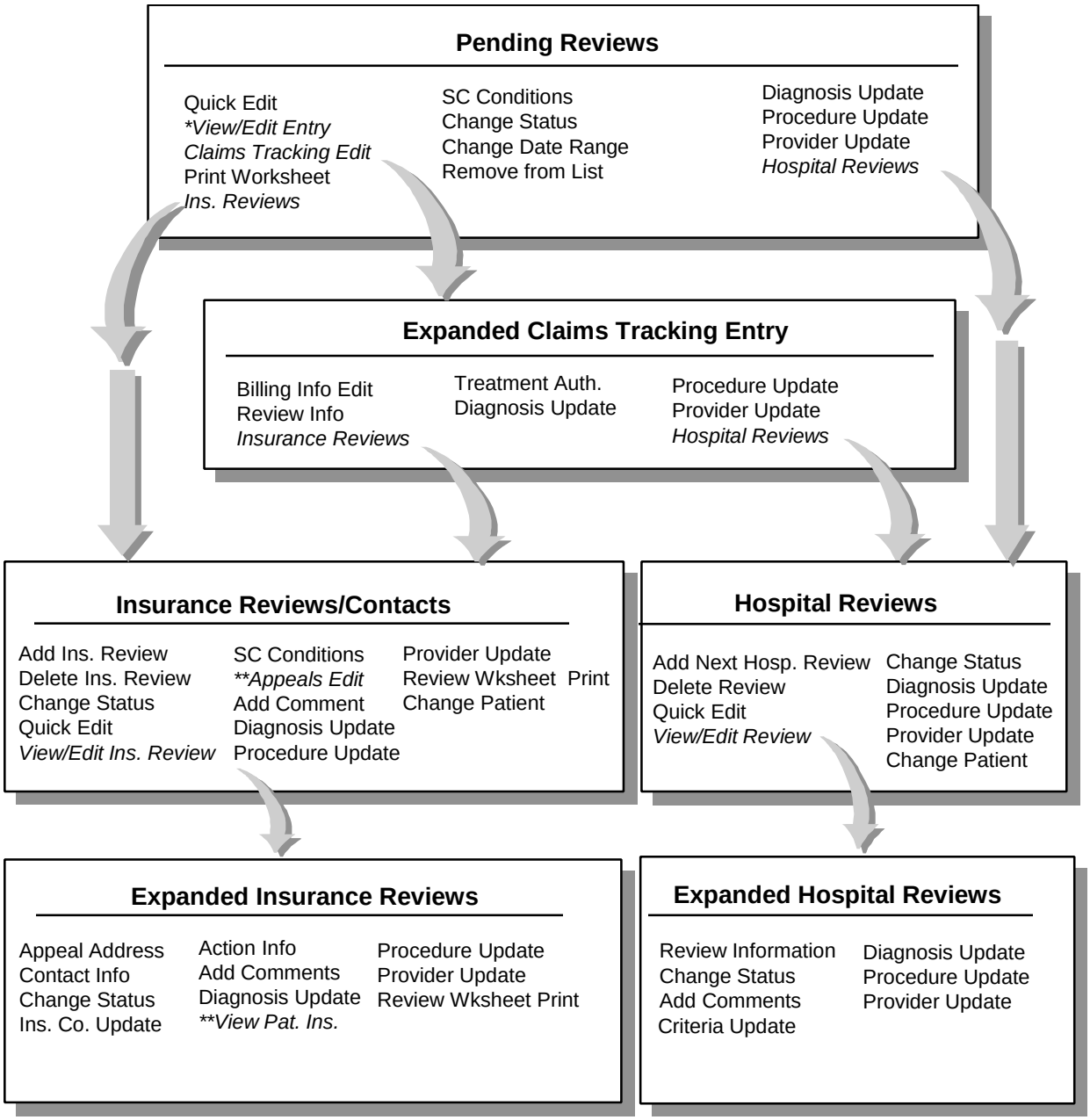
This option uses a series of screens to display all pending reviews that have a pending review date within the last seven days. Each day, a Pending Review List should be printed sorted by ward, patient, assignment or date and used on the ward to perform reviews. The Pending Reviews option may then be used to perform all necessary actions on the reviews. This option is available to individuals who do Insurance Reviews, Hospital Reviews or both. If the user performs both types of reviews, a plus sign (+) will appear by the names of patients needing both types of review. On admission, appropriate reviews are automatically made pending for the day they are added. Please refer to the Insurance Reviews and Hospital Reviews option documentation for information on when reviews are automatically created.

For examples of screens accessed while using this option, please refer to the example section of the appropriate option documentation (i.e., Claims Tracking Edit option for the Claims Tracking Entry Screen, Hospital Reviews option for the Hospital Review Screens, etc.).

The chart on the following page shows the Claims Tracking Screens accessed through this option and the actions available on each screen. Actions shown in *italics* bring you to other screens (indicated by the arrows). Actions may not be shown in the order in which they actually appear on the screens.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION
cont.



*The View Edit Entry action will take you directly to the Expanded Insurance or Expanded Hospital Reviews Screens depending on the type of review.

**The View Pat. Ins action brings you to the Patient Insurance Screens. The Appeals Edit action brings you to the Appeal and Denial Tracking screen. Please refer to the Patient Insurance Menu and the Appeal/Denial Edit option for details.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

About the Screens...

In the top left corner of each screen is the screen title. A plus sign (+) at the bottom left of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right on the screen. Available actions are displayed below the screen. Two question marks entered at any "Select Action" prompt displays all available actions for that screen. For more information on the use of the screens, please refer to the appendix at the end of this manual.

You may quit from any screen, which will bring you back one level or screen, or you may exit (this exits the option entirely and returns you to the menu).

Common Actions

The following actions are common to more than one screen accessed through this option. They are listed here to avoid duplication of documentation.

Quick Edit - This action allows you to quickly edit all information about the review without leaving the Pending Review option.

SC Conditions - This action allows a quick look at the patient's eligibility, SC status, service-connected conditions, and percent of service connection for service-connected veterans.

Change Status - This action allows you to quickly change the status of a review. Only completed reviews are used in the report preparation and by the MCCR NDB roll-up or the QM roll-up (which is tentatively scheduled for release in June 1994).

Reviews have a status of ENTERED when automatically added. A status of PENDING may be used for those you are still working on or when one person does the data entry and another needs to review it.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

Add Comment - This action allows you to edit the word processing (comments) field in Hospital or Insurance Reviews without having to edit other fields.

Diagnosis Update - This action allows input of ICD-9 diagnoses for the patient. Whether diagnoses are input on this screen or another screen, they are available across the Claims Tracking module. You may enter an admitting diagnosis, primary (DXLS) diagnosis, secondary diagnosis and the onset date of the diagnosis for this admission. For outpatient visits this information is stored with the outpatient encounter information.

Procedure Update - This action allows the input of ICD-9 procedures for the patient. You may input the procedure and the date. This is a separate procedure entry from the PTF module and is optional for use.

Provider Update - This action allows you to input the admitting physician, attending physician, and care provider separate from the MAS information. The purpose is to provide a location to document the attending physician and to provide an alternate place to document individual physicians if the administrative record indicates teams, or vice versa.

Change Patient - This action allows you to change the selected patient without having to leave and reenter the option.

Review Worksheet Print - This action prints a worksheet for use on the wards for writing notes prior to calling the insurance company and entering the review. Basic information about the patient and the visit is included. Please note that the format is slightly different for 80 and 132 column outputs.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

Following is a list of the screens, the actions they provide, and a brief description of each action. Actions shown in *italics* access other screens.

Pending Reviews Screen

View/Edit Entry - This action allows you to jump to either the expanded Insurance Review screen or the expanded Hospital Review screen, depending on the type of review.

Claims Tracking Edit - This action allows you to jump to the expanded Claims Tracking screen and perform all necessary edits to the entry in that file. This may include the input of billing information.

Print Worksheet - This action allows you to print a generic worksheet for selected entries. The latest administrative data is printed on the worksheet including patient name, ward, physicians, room-bed, etc.

Insurance Reviews - This action allows you to jump to the Insurance Reviews Screen. For details see the Insurance Reviews option documentation. Please note that if you try to perform an Insurance Review on a pending Hospital Review, the software will automatically take you to the Hospital Review screen. This action is not available on the Claims Tracking Menu (Hospital Reviews).

Hospital Reviews - This action allows you to jump to the Hospital Reviews screen. For details see the Hospital Reviews option documentation. Please note that if you try to perform a Hospital Review on a pending Insurance Review, the software will automatically take you to the Insurance Review screen. This action is not available on the Claims Tracking Menu (Insurance Reviews).

Change Date Range - This action allows you to change the beginning and ending date of the search for pending reviews. You can search into the past or future for pending reviews. Reviews for the past 7 days is the default.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

Remove From List - This action allows you to quickly remove the review from the Pending Review List by automatically deleting the Next Review Date. For Insurance Reviews, the TRACK AS INSURANCE CLAIM field is also asked. If this is set to NO, no further reviews are automatically created for this visit.

On installation of IB V. 2.0, current inpatients with insurance are loaded. This action can be used to remove those you are not following.

Expanded Claims Tracking Entry Screen

Billing Info Edit - This action allows you to edit the billing information about expected revenues and next auto bill date. This is useful for comparing expected revenues versus what was received.

Review Info - This action allows you to review/edit whether or not a special consent release of information form (ROI) for this patient for this episode of care is required, obtained, or not necessary; and whether this review should be tracked as a random sample, insurance claim, special condition, or local addition.

Treatment Auth. - This action allows you to enter whether a second opinion for this patient insurance policy was required and obtained. (If a second opinion was obtained but did not meet the insurance company's criteria, enter NO in the SECOND OPINION OBTAINED field.) This field will be used to help determine the estimated reimbursement from the insurance carrier. If a second opinion was not obtained, certain denials and penalties may be assessed.

Hospital Reviews - This action accesses the Hospital Reviews Screen.

Insurance Reviews - This action accesses the Insurance Reviews/Contacts Screen.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

Insurance Reviews/Contacts Screen

Add Ins. Review - This action will add a new review for the visit. Following are the default review types.

- Pre-certification Review (if it is a scheduled admission and no previous review)
- Urgent Admission review (if it is not a scheduled admission and no previous review)
- Continued Stay Review (for follow-up reviews)

Delete Ins. Review - This action allows an insurance review to be deleted. If a review is automatically created, but the visit does not require reviews and follow-up with the insurance company, it can be deleted. Use care in exercising this action. It can be as important to document that no review is required as it is to document the required reviews.

View/Edit Ins. Review - This action allows access to the Expanded Insurance Reviews Screen.

Appeals Edit - This action allows you to jump to the Appeals and Denials Screen. For details see the Appeals and Denials option. Only denials and penalties may be appealed. This action is not available on the Claims Tracking for Hospital Reviews option.

Expanded Insurance Reviews

Appeal Address - This action allows you to edit the appeals address information for the insurance company.

Contact Info - This action allows you to enter/edit the review date, person contacted, method of contact, phone and reference numbers.

Ins. Co. Update - This action allows you to view/edit the billing, precertification, verification, claims, appeals, and inquiry phone numbers for the insurance company.

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

Action Info - This action allows you to view/edit information pertaining to action taken on a review such as type of contact, care authorization from and to dates, authorization number, and review date and status.

View Pat. Ins. - This action takes you to the Patient Insurance Screens. Please refer to the Patient Insurance Menu documentation.

Hospital Reviews Screen

Add Next Hosp. Review - This action will add the next review and automatically set it to either an admission review or continued stay review. The day for review and review date are automatically computed but can be edited. The category of severity of illness and intensity of service that was met can be entered; or if not met, the reason it wasn't met.

Delete Review - This action allows a hospital review to be deleted. If a review is automatically created, but the visit does not require reviews and follow-up with the insurance company, it can be deleted. Use care in exercising this action. It can be as important to document that no review is required as it is to document the required reviews.

View/Edit Review - This action allows access to the Expanded Hospital Reviews Screen.

Expanded Hospital Reviews Screen

Review Information - This action allows you to enter/edit the type of review (admission or continued stay), review date, and the specialty and methodology for the review. There should be only one admission review for an admission. Normally, reviews are done for UR purposes on days 3, 6, 9, 14, 21, 28, and every 7 days thereafter. (Usually, the INTERQUAL method is used as the methodology for UR required review. Insurance carriers may require other review methodologies.)

Claims Tracking Menu (Combined Functions)
Pending Reviews

INTRODUCTION cont.

Criteria Update - This action allows you to enter or edit data regarding criteria met/not met for an acute admission within 24 hours, such as the review date and methodology; severity of illness and intensity of service; and whether additional reviews are required

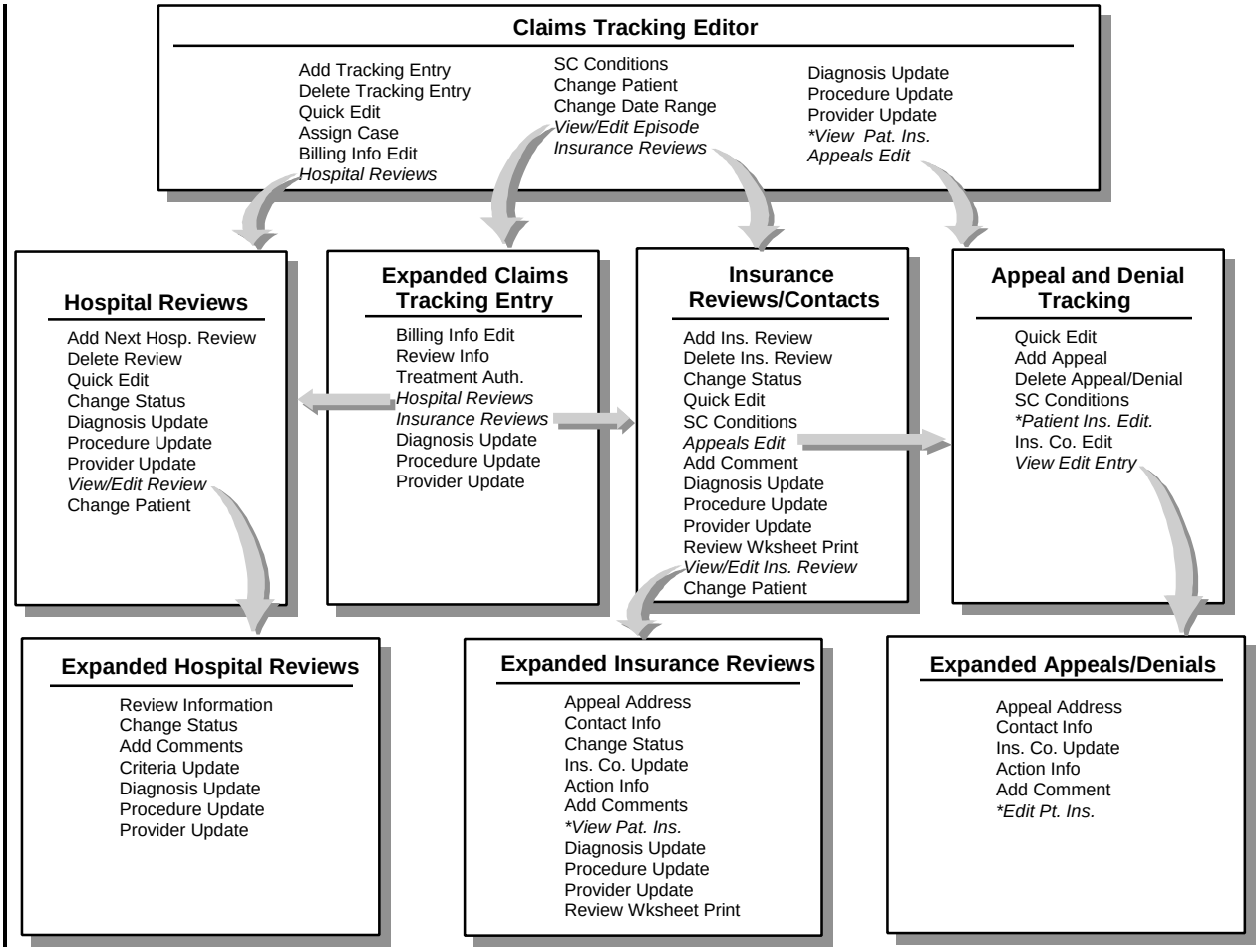
Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION This option allows entering/editing of Claims Tracking Entries. Data associated with a CT entry may affect if or how it is billed and the types of reviews that may or must be entered. It is the main gateway to most Claims Tracking functions. Each visit, whether inpatient, outpatient, or prescription refill, has a unique entry where it is tracked to see whether or not it is billable. Normally, only visits of insured patients are tracked; however, all visits may be tracked. You can edit information about anticipated revenues and required reviews with this option, and perform a number of maintenance and clinical update edits. Depending on how your site parameters are set, admissions, outpatient visits, and prescription refills may be added automatically. If you are using the Scheduled Admissions module of the PIMS software, scheduled admissions will also be added.

The chart on the following page shows the Claims Tracking Screens accessed through this option and the actions available on each screen. Actions shown in *italics* bring you to other screens (indicated by the arrows). Actions might not be shown in the order in which they actually appear on the screens.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION
cont.



*These actions bring you to the Patient Insurance Screens. Please refer to the Patient Insurance Menu section of this manual for documentation of these screens.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

About the Screens...

In the top left corner of each screen is the screen title. A plus sign (+) at the bottom left of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right on the screen. Available actions are displayed below the screen. Two question marks entered at any "Select Action" prompt displays all available actions for that screen. For more information on the use of the screens, please refer to the appendix at the end of this manual.

You may quit from any screen, which will bring you back one level or screen, or you may exit (this exits the option entirely and returns you to the menu).

Common Actions

The following actions are common to more than one screen accessed through this option. They are listed here to avoid duplication of documentation.

Quick Edit - This action allows you to edit most of the fields in Claims Tracking, specify if there should be insurance or hospital reviews, add billing information, and assign the visit to a reviewer.

SC Conditions - This action allows a quick look at the patient's eligibility, SC status, service-connected conditions, and percent of service connection for service-connected veterans.

Change Patient - This action allows you to change the selected patient without having to leave and reenter the option.

Diagnosis Update - This action allows input of ICD-9 diagnoses for the patient. Whether diagnoses are input on this screen or another screen, they are available across the Claims Tracking module. You may enter an admitting diagnosis, primary (DXLS) diagnosis, secondary diagnosis, and the onset of the diagnosis for this admission. For outpatient visits, this information is stored with the outpatient encounter information.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

Procedure Update - This action allows the input of ICD-9 procedures for the patient. You may input the procedure and the date. This is a separate procedure entry from the PTF module and is optional for use.

Provider Update - This action allows you to input the admitting physician, attending physician, and care provider separate from the MAS information. The purpose is to provide a location to document the attending physician and to provide an alternate place to document actual physicians if the administrative record indicates teams or vice versa.

Change Status - This action allows you to quickly change the status of a review. Only completed reviews are used in the report preparation and by the MCCR NDB roll-up or the QM roll-up (which is tentatively scheduled for release in June, 1994).

Reviews have a status of ENTERED when automatically added. A status of PENDING may be used for those you are still working on or when one person does the data entry and another needs to review it.

Add Comment - This action allows you to edit the word processing (comments) field in Hospital or Insurance Reviews without having to edit other fields.

Review Worksheet Print - This action prints a worksheet for use on the wards for writing notes prior to calling the insurance company and entering the review. Basic information about the patient and the visit is included. Please note that the format is slightly different for 80 and 132 column outputs.

Contact Info - This action allows you to enter/edit the review date, person contacted, method of contact, phone and reference numbers.

View Pat. Ins. - This action takes you to the Patient Insurance Screens. Please refer to the Patient Insurance Menu documentation.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

Following is a list of the screens, the actions they provide, and a brief description of each action. Actions shown in *italics* access other screens.

Claims Tracking Editor Screen

Add Tracking Entry - This action can be used to add an entry to be tracked if it was not automatically added. This will most commonly be used to add old visits or to add scheduled admissions if you are not using the scheduled admission package. After installation, this action should be used to add past admissions for Quality Management required reviews.

Delete Tracking Entry - This action allows you to delete a tracking entry. If for some reason an entry was mistakenly added, use this action to delete the entry; however, if there is associated data with a review, it is preferable to inactivate the entry rather than delete it. Deleting a tracking entry will automatically delete all associated reviews.

Assign Case - This action allows you to assign a visit to a reviewer. This is useful in sorting pending reviews by the reviewer to whom they are assigned. Insurance and hospital reviews can be assigned separately.

Billing Info Edit - This action allows you to edit the billing information about expected revenues and next auto bill date. This is useful for comparing expected revenues versus what was received.

View/Edit Episode - This action allows you to jump to the Expanded Claims Tracking Screen where you can view data on a specific episode/visit and perform related actions.

Hospital Reviews - This action allows you to jump to the Hospital Reviews Screen. For details please refer to the Hospital Reviews option. This is not available on the Claims Tracking for Insurance Reviewers option.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

Insurance Reviews - This action allows you to jump to the Insurance Reviews Screen. For details see the Insurance Reviews option. This is not available on the Claims Tracking for Hospital Reviewers option.

Appeals Edit - This action allows you to jump to the Appeals and Denials Screen. For details see the Appeals and Denials option.. Only denials and penalties may be appealed. This is not available on the Claims Tracking for Hospital Reviews option.

Change Date Range - This action allows you to change the default date range for the list of visits. Normally only the past year's visits are displayed, including any current admission. If you wish to view or take action on a visit outside of the current year, use this action to select the correct date range. Note that for inpatient care, the admission date is used.

Expanded Claims Tracking Entry Screen

Billing Info Edit - This action allows you to edit the billing information about expected revenues and next auto bill date. This is useful for comparing expected revenues versus what was received.

Review Info - This action allows you to review/edit whether or not a special consent release of information form (ROI) for this patient for this episode of care is required, obtained, or not necessary; and whether this review should be tracked as a random sample, insurance claim, special condition, or local addition.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

Treatment Auth. - This action allows you to enter whether a second opinion for this patient insurance policy was required and obtained. (If a second opinion was obtained but did not meet the insurance company's criteria, enter NO in the SECOND OPINION OBTAINED field.) This field will be used to help determine the estimated reimbursement from the insurance carrier. If a second opinion was not obtained, certain denials and penalties may be assessed.

Hospital Reviews - This action accesses the Hospital Reviews Screen.

Insurance Reviews - This action accesses the Insurance Reviews/Contacts Screen.

Insurance Reviews/Contacts Screen

Add Ins. Review - This action will add a new review for the visit. Following are the default review types.

- Pre-certification Review (if it is a scheduled admission and no previous review)
- Urgent Admission review (if it is not a scheduled admission and no previous review)
- Continued Stay Review (for follow-up reviews)

Delete Ins. Review - This action allows an insurance review to be deleted. If a review is automatically created, but the visit does not require reviews and follow-up with the insurance company, it can be deleted. Use care in exercising this action. It can be as important to document that no review is required as it is to document the required reviews.

View/Edit Ins. Review - This action allows access to the Expanded Insurance Reviews Screen.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

Appeals Edit - This action allows you to jump to the Appeals and Denials Screen. For details see the Appeals and Denials option. Only denials and penalties may be appealed. This action is not available on the Claims Tracking for Hospital Reviews option.

Expanded Insurance Reviews

Appeal Address - This action allows you to edit the appeals address information for the insurance company.

Ins. Co. Update - This action allows you to view/edit the billing, precertification, verification, claims, appeals, and inquiry phone numbers for the insurance company.

Action Info - This action allows you to view/edit information pertaining to action taken on a review such as type of contact, care authorization from and to dates, authorization number, and review date and status.

Hospital Reviews Screen

Add Next Hosp. Review - This action will add the next review and automatically set it to either an admission review or continued stay review. The day for review and review date are automatically computed but can be edited. The category of severity of illness and intensity of service that was met can be entered; or if not met, the reason it wasn't met.

Delete Review - This action allows a hospital review to be deleted. If a review is automatically created, but the visit does not require reviews and follow-up with the insurance company, it can be deleted. Use care in exercising this action. It can be as important to document that no review is required as it is to document the required reviews.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

View/Edit Review - This action allows access to the Expanded Hospital Reviews Screen.

Expanded Hospital Reviews Screen

Review Information - This action allows you to enter/edit the type of review (admission or continued stay), review date, and the specialty and methodology for the review. There should be only one admission review (pre-certification or urgent/ emergent admission review) for an admission. Normally, reviews are done for UR purposes on days 3, 6, 9, 14, 21, 28, and every 7 days thereafter. (Usually, the INTERQUAL method is used as the methodology for UR required review. Insurance carriers may require other review methodologies.)

Criteria Update - This action allows you to enter or edit data regarding criteria met/not met for an acute admission within 24 hours, such as the review date and methodology; severity of illness and intensity of service; and whether additional reviews are required

Appeal and Denial Tracking Screen

View/Edit Entry - This action allows you to jump to the Expanded Appeal/Denial Screen where you can view much of the data for one visit and perform related actions.

Add Appeal - This action allows adding an appeal to a denial or penalty. The first appeal will be an initial appeal. All other appeals will be subsequent appeals. You may enter an administrative or clinical appeal. There is no limit to the number of appeals that may be entered.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

INTRODUCTION cont.

Delete Appeal/Denial - This action allows deletion of appeals and denials. This was designed to be used in cases of erroneous entry.

Patient Ins. Edit - This action allows editing of fields in the INSURANCE COMPANY file (#36) that pertain to appeals address and phone numbers.

Ins. Co. Edit - This action allows you to edit patient policy information.

Expanded Appeals/Denials Screen

Appeal Address - This action allows you to edit the name and address for a selected appeal.

Ins. Co. Update - This action allows you to view/edit the billing, precertification, verification, claims, appeals, and inquiry phone numbers for the insurance company.

Action Info - This action allows you to view/edit information pertaining to action taken on a review such as type of contact, care authorization from and to dates, authorization number, and review date and status.

Edit Pt. Ins. - This action brings you to the Patient Insurance Screen. Please refer to the Patient Insurance Menu section of this manual for documentation.

Due to the nature of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Select Claims Tracking Menu (Combined Functions) Option: ct  Claims Tracking Edit
Select PATIENT NAME:    GRAY,JOHN E       01-01-40     222338888     YES     NSC
VETERAN ..
```

```
Claims Tracking Editor        Feb 03, 1994 09:24:20          Page:    1 of    1
Claims Tracking Entries for: GRAY,JOHN E G8888
    for Visits beginning on: 02/03/93 to 02/10/94
    Type      Urgent  Date              Ins.  UR    ROI          Bill  Ward
1   *ADMIT    NO      02/03/94 9:30 am YES   R     OBTAINED     NO    11-B MED




          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AT  Add Tracking Entry    HR  Hospital Reviews      DU  Diagnosis Update
DT  Delete Tracking Entry IR  Insurance Reviews     PU  Procedure Update
QE  Quick Edit            SC  SC Conditions         PV  Provider Update
AC  Assign Case           AE  Appeals Edit          VP  View Pat. Ins.
BI  Billing Info Edit     CP  Change Patient        EX  Exit
VE  View/Edit Episode     CD  Change Date Range
Select Action: Quit// dt   Delete Tracking Entry

There are Hospital Reviews associated with this entry.

There are Insurance Reviews associated with this entry.

Are You Sure you want to delete entry #1? NO// y  YES
Number of Hospital Reviews Deleted: 4
Number of Insurance Reviews Deleted: 1
Entry 1 Deleted
```

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

EXAMPLE, cont.

```
Claims Tracking Editor        Feb 03, 1994 09:26:18          Page:    0 of    0
Claims Tracking Entries for: GRAY,JOHN E G8888
    for Visits beginning on: 02/03/93 to 02/10/94
    Type      Urgent  Date             Ins.  UR    ROI           Bill  Ward


          Service Connected: 20%    *=Current Admission                    >>>
AT  Add Tracking Entry    HR  Hospital Reviews      DU  Diagnosis Update
DT  Delete Tracking Entry IR  Insurance Reviews     PU  Procedure Update
QE  Quick Edit            SC  SC Conditions         PV  Provider Update
AC  Assign Case           AE  Appeals Edit          VP  View Pat. Ins.
BI  Billing Info Edit     CP  Change Patient        EX  Exit
VE  View/Edit Episode     CD  Change Date Range
Select Action: Quit// at   Add Tracking Entry
Select Tracking Type: ?
 ANSWER WITH CLAIMS TRACKING TYPE NUMBER, OR NAME
CHOOSE FROM:
   1               INPATIENT ADMISSION
   2               OUTPATIENT VISIT
   5               SCHEDULED ADMISSION

Select Tracking Type: 1  INPATIENT ADMISSION

Admission Date:  ?

    Enter any Date!

    If the patient was an inpatient on that date the system will use the
    correct admission date.  If you are tracking an admissions at another
    facility you may enter that date.  Enter '??' to get a list o f the
    last 10 admissions for this patient.


Admission Date:  ??

CHOOSE FROM:
     JAN 13,1994@09:30:35  DIRECT                TO:  11-B MEDICINE XRE

Admission Date:  t  (JAN 14, 1994)
Okay to Add Claims Tracking entry for Admission Date JAN 13,1994@09:30:35? NO//
y  YES
```

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

EXAMPLE, cont.

```
ADMISSION TYPE: URGENT// ?
     CHOOSE FROM:
       1        SCHEDULED
       2        URGENT
       3        EMERGENT
       4        UNSCHEDULED
       5        COURT ORDERED
ADMISSION TYPE: URGENT// <RET>
TRACKED AS INSURANCE CLAIM?: YES// <RET>
FOLLOW-UP TYPE: ??
     Enter type of follow that the insurance company requires for this
     visit.  This information will be used by the reports to determine
     if the case requires pre-cert or not, or pre-cert and continued
     stay.
     CHOOSE FROM:
       1        NONE
       2        ADMISSION NOTIFICATION
       3        ADMISSION AND DISCHARGE NOTIFICATION
       4        PRE-CERTIFICATION
       5        PRE-CERT AND CONT. STAY
       6        PRE-CERT AND DISCH.
       7        PRE-CERT, CONT. STAY AND DISCH.
FOLLOW-UP TYPE: 1  NONE
SPECIAL CONSENT ROI: OBTAINED// 2  OBTAINED
SECOND OPINION REQUIRED: NO// YES
SECOND OPINION OBTAINED: NO
REASON NOT BILLABLE: NOT INSURED// <RET>
ADDITIONAL COMMENT: <RET>
TRACKED AS RANDOM SAMPLE?: YES// <RET>
TRACKED AS SPECIAL CONDITION: NONE// <RET>
TRACKED AS A LOCAL ADDITION?: NO// <RET>
HOSPITAL REVIEWS ASSIGNED TO: SKINNER,ALAN
INS. REVIEWS ASSIGNED TO: SKINNER,ALAN
```

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

EXAMPLE, cont.

```
Claims Tracking Editor        Feb 03, 1994 15:47:40          Page:    1 of    1
Claims Tracking Entries for: GRAY,JOHN E G8888
    for Visits beginning on: 02/03/93 to 02/10/94
    Type      Urgent  Date              Ins.  UR    ROI           Bill  Ward
1   ADMIT     NO      02/03/94 9:30 am  YES   R     OBTAINED      YES


          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AT  Add Tracking Entry    HR  Hospital Reviews      DU  Diagnosis Update
DT  Delete Tracking Entry IR  Insurance Reviews     PU  Procedure Update
QE  Quick Edit            SC  SC Conditions         PV  Provider Update
AC  Assign Case           AE  Appeals Edit         VP  View Pat. Ins.
BI  Billing Info Edit     CP  Change Patient       EX  Exit
VE  View/Edit Episode     CD  Change Date Range
Select Action: Quit// sc   SC Conditions

Patient: GRAY,JOHN E G8888
     Service Connected Percent: 20%

     Service Connected Conditions:
     NONE STATED



Press RETURN to continue or '^' to exit: <RET>
```

Claims Tracking Menu (Combined Functions)
Claims Tracking Edit

EXAMPLE, cont.

```
Claims Tracking Editor        Feb 03, 1994 09:40:29          Page:    1 of    1
Claims Tracking Entries for: GRAY,JOHN E G8888
    for Visits beginning on: 02/03/93 to 02/10/94
    Type      Urgent  Date             Ins.  UR    ROI           Bill  Ward
1   *ADMIT    NO      02/03/94 9:30 am YES   R     OBTAINED      YES   11 -B MED

          Service Connected: 20%    *=Current Admission                    >>>
AT  Add Tracking Entry    HR  Hospital Reviews      DU  Diagnosis Update
DT  Delete Tracking Entry IR  Insurance Reviews     PU  Procedure Update
QE  Quick Edit            SC  SC Conditions         PV  Provider Update
AC  Assign Case           AE  Appeals Edit          V P  View Pat. Ins.
BI  Billing Info Edit     CP  Change Patient        EX  Exit
VE  View/Edit Episode     CD  Change Date Range
Select Action: Quit// EX   Exit
Exit option entirely? NO// YES
```

Claims Tracking Menu (Combined Functions)
Single Patient Admission Sheet

INTRODUCTION

This option allows you to print an admission sheet for a single visit (either the current admission or a selected admission). The admission sheet serves as a temporary cover sheet in the inpatient chart where reviewers and coders can make notes about the visit in summary form. If the facility chooses to have physicians sign the admission sheet, it can then be used as documentation to prepare inpatient bills prior to the signing of the discharge summary.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Single Patient Admission Sheet

EXAMPLE

The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
Select Claims Tracking Menu (Combined Functions) Option:  Single Patient
Admission Sheet
Select PATIENT NAME:  GRAY,JOHN E     01-01-40    222338888    YES     NSC
VETERAN

Print Admission Sheet for Current Adm. (JAN 13,1994@09:30:35)? YES//  <RET>

DEVICE: HOME// A138  A138-10/6/UP  KYOCERA PRINTER    RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  <RET>  (NO)
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

INTRODUCTION This option uses a series of screens to allow you to enter and edit MCCR/UR related contacts associated with a claims tracking entry.

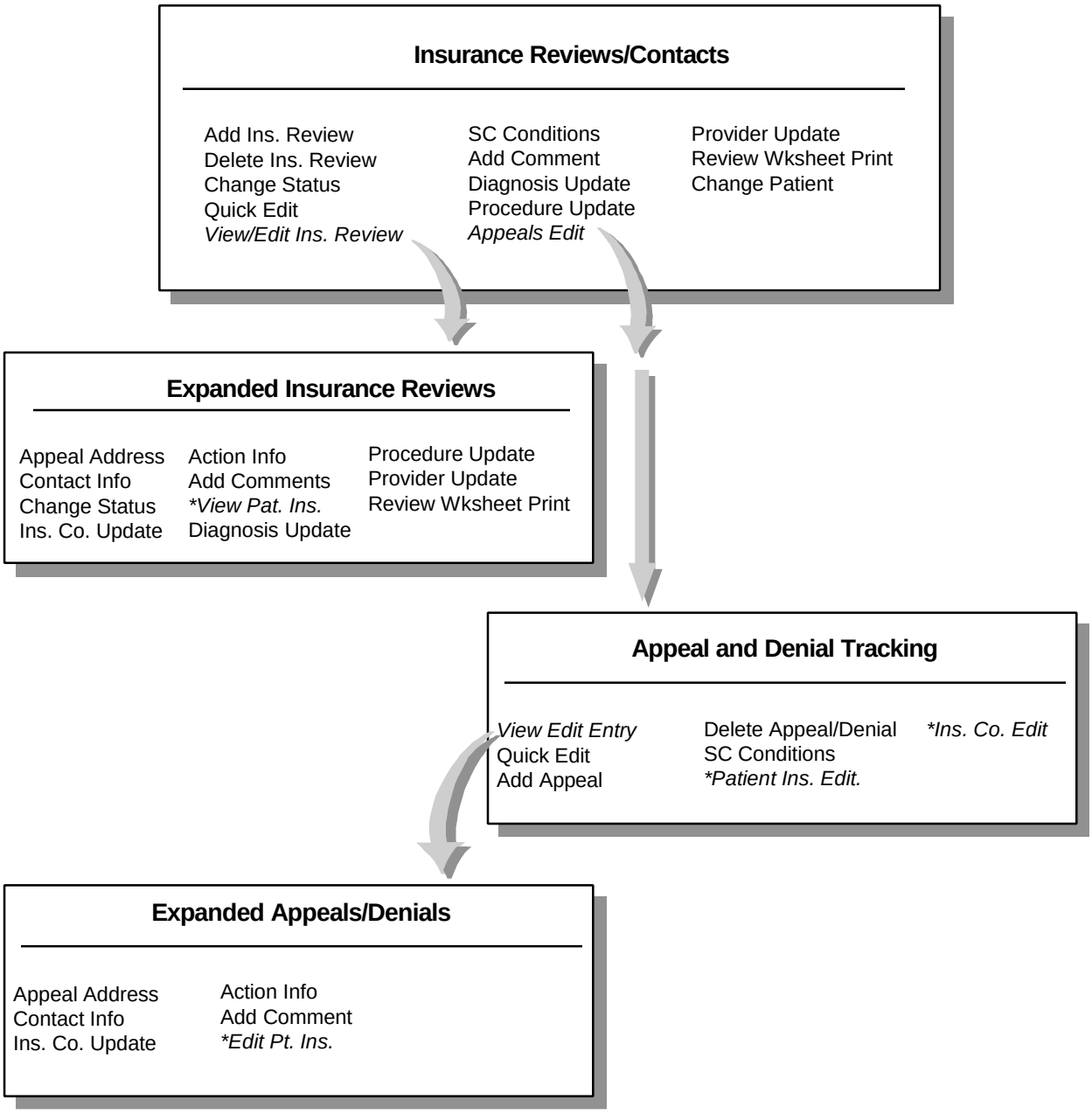
An initial review is automatically created upon admission for all insured patients. If UR is not required for the patient, the review can be deleted, inactivated, or left in an ENTERED status. If reviews are performed, and contact with the insurance company is made, the following information can be documented through this option.

- Contact with the insurance company
- Action taken by the insurance company
- Relevant clinical information
- The need for further reviews

Once a review or entry is complete, its status should be updated to COMPLETE in order to be used in reporting. If further reviews are required, the NEXT REVIEW DATE should contain the date the next review is required. It will then appear in the Pending Reviews option or the Pending Reviews List.

The chart on the following page shows the Claims Tracking Screens accessed through this option and the actions available on each screen. Actions shown in *italics* bring you to other screens (indicated by the arrows). Actions may not be shown in the order in which they actually appear on the screens.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit



*These actions bring you to the Patient Insurance Screens. Please refer to the Patient Insurance Menu section of this manual for documentation of these screens.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

INTRODUCTION cont.

About the Screens...

In the top left corner of each screen is the screen title. A plus sign (+) at the bottom left of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right on the screen. Available actions are displayed below the screen. Two question marks entered at any "Select Action" prompt displays all available actions for that screen. For more information on the use of the screens, please refer to the appendix at the end of this manual.

You may quit from any screen, which will bring you back one level or screen, or you may exit (this exits the option entirely and returns you to the menu).

Common Actions

The following actions are common to more than one screen accessed through this option. They are listed here to avoid duplication of documentation.

Quick Edit - This action allows you to edit most of the fields in Claims Tracking, specify if there should be insurance or hospital reviews, add billing information, and assign the visit to a reviewer.

SC Conditions - This action allows a quick look at the patient's eligibility, SC status, service-connected conditions, and percent of service connection for service-connected veterans.

Diagnosis Update - This action allows input of ICD-9 diagnoses for the patient. Whether diagnoses are input on this screen or another screen, they are available across the Claims Tracking module. You may enter an admitting diagnosis, primary (DXLS) diagnosis, secondary diagnosis, and the onset of the diagnosis for this admission. For outpatient visits, this information is stored with the outpatient encounter information.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

INTRODUCTION cont.

Procedure Update - This action allows the input of ICD-9 procedures for the patient. You may input the procedure and the date. This is a separate procedure entry from the PTF module and is optional for use.

Provider Update - This action allows you to input the admitting physician, attending physician, and care provider separate from the MAS information. The purpose is to provide a location to document the attending physician and to provide an alternate place to document actual physicians if the administrative record indicates teams or vice versa.

Change Status - This action allows you to quickly change the status of a review. Only completed reviews are used in the report preparation and by the MCCR NDB roll-up or the QM roll-up (which is tentatively scheduled for release in June, 1994).

Reviews have a status of ENTERED when automatically added. A status of PENDING may be used for those you are still working on or when one person does the data entry and another needs to review it.

Add Comment - This action allows you to edit the word processing (comments) field in Hospital or Insurance Reviews without having to edit other fields.

Review Worksheet Print - This action prints a worksheet for use on the wards for writing notes prior to calling the insurance company and entering the review. Basic information about the patient and the visit is included. Please note that the format is slightly different for 80 and 132 column outputs.

Following is a list of the screens, the actions they provide, and a brief description of each action. Actions shown in *italics* access other screens.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

INTRODUCTION cont.

Insurance Reviews/Contacts

Add Ins. Review - This action will add a new review for the visit. Following are the default review types.

- Pre-certification Review (if it is a scheduled admission and no previous review)
- Urgent Admission review (if it is not a scheduled admission and no previous review)
- Continued Stay Review (for follow-up reviews)

Delete Ins. Review - This action allows an insurance review to be deleted. If a review is automatically created, but the visit does not require reviews and follow-up with the insurance company, it can be deleted. Use care in exercising this action. It may be just as important to document that no review is required as it is to document the required reviews.

View/Edit Ins. Review - This action allows access to the Expanded Insurance Reviews Screen.

Appeals Edit - This action allows you to jump to the Appeals and Denials Screen to add/edit appeals. Only reviews where the action is either a denial or a penalty can be appealed. The denials and penalties can be edited on either the appeals screen or the insurance reviews screen. Appeals can only be edited on the appeals screen.

Change Patient - This action allows you to change to another patient without going back to the beginning of the option.

Expanded Insurance Reviews

Appeal Address - This action allows you to edit the appeals address information for the insurance company.

Contact Info - This action allows you to enter/edit the review date, person contacted, method of contact, phone and reference numbers.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

INTRODUCTION cont.

Ins. Co. Update - This action allows you to view/edit the billing, precertification, verification, claims, appeals, and inquiry phone numbers for the insurance company.

Action Info - This action allows you to view/edit information pertaining to action taken on a review such as type of contact, care authorization from and to dates, authorization number, and review date and status.

View Pat. Ins. - This action takes you to the Patient Insurance Screens. Please refer to the Patient Insurance Menu documentation.

Appeal and Denial Tracking Screen

View/Edit Entry - This action allows you to jump to the Expanded Appeal/Denial Screen where you can view much of the data for one visit and perform related actions.

Add Appeal - This action allows adding an appeal to a denial or penalty. The first appeal will be an initial appeal. All other appeals will be subsequent appeals. You may enter an administrative or clinical appeal. There is no limit to the number of appeals that may be entered.

Delete Appeal/Denial - This action allows deletion of appeals and denials. This was designed to be used in cases of erroneous entry.

Patient Ins. Edit - This action allows editing of fields in the INSURANCE COMPANY file (#36) that pertain to appeals address and phone numbers.

Ins. Co. Edit - This action allows you to edit patient policy information.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

INTRODUCTION cont.

Expanded Appeals/Denials Screen

With the exception of the Edit Pt. Ins. action, all other actions available on this screen are also available on the Expanded Insurance Reviews Screen documented on the previous page.

Edit Pt. Ins. - This action brings you to the Patient Insurance Screen. Please refer to the Patient Insurance Menu section of this manual for documentation.

Due to the nature of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Insurance Reviews/Contacts    Feb 04, 1994 10:37:09          Page:    1 of    1
Insurance Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                          for: INPATIENT ADMISSION on 01/13/94 9:30 am
    Date       Ins. Co.            Type Contact       Ac tion    Auth. No.  Days
1   01/14/94   AETNA               URG ADM

          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AI  Add Ins. Review       SC  SC Conditions         PV  Pro vider Update
DI  Delete Ins. Review    AE  Appeals Edit          RW  Review Wksheet Print
CS  Change Status         AC  Add Comment           CP  Change Patient
QE  Quick Edit            DU  Diagnosis Update      EX  Exit
VE  View/Edit Ins. Review PU  Proc edure Update
Select Action: Quit// qe   Quick Edit

REVIEW DATE: JAN 14,1994// <RET>
TYPE OF CONTACT: URGENT/EMERGENT ADMIT REVIEW// ?
     If not associated with a tracking entry, only a patient or other type of
     contact may be selected.
 ANSWER WITH CLAIMS TRACKING REVIEW TYPE NAME, OR CODE
 DO YOU WANT THE ENTIRE CLAIMS TRACKING REVIEW TYPE LIST? y  (YES)
CHOOSE FROM:
   CONTINUED STAY REVIEW      30
   DISCHARGE REVIEW      40
   OTHER      80
   OUTPATIENT TREATMENT      50
   PATIENT      70
   PRE-ADM CERTIFICATION REVIEW      10
   SUBSEQUENT APPEAL      65
   URGENT/EMERGENT ADMIT REVIEW      20

TYPE OF CONTACT: URGENT/EMERGENT ADMIT REVIEW// <RET>
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires
    ================================================================================
    AETNA             222338888         4446333     SELF    01/01/88

HEALTH INSURANCE POLICY: AETNA// <RET>
PERSON CONTACTED: Mary Smith
METHOD OF CONTACT: PHONE// ?
     CHOOSE FROM:
       1        PHONE
       2        MAIL
       3        OVERNIGHT MAIL
       4        PERSONAL
       5        VOICE MAIL
       6        OTHER
METHOD OF CONTACT: PHONE// 5  VOICE MAIL
CALL REFERENCE NUMBER: 88889354A
ACTION: ?
     Select the action taken by the insurance company on this call.
     Only actions appropriate for the type of contact may be selected!
 ANSWER WITH CLAIMS TRACKING ACTION NUMBER, OR NAME
CHOOSE FROM:
   1               APPROVED
   2               DENIAL
   4               CASE PENDING
   5               NO COVERAGE

ACTION: 1  APPROVED
CARE AUTHORIZED FROM: t-1  (JAN 13, 1994)
CARE AUTHORIZED TO: T+4  (JAN 18, 1994)
DIAGNOSIS AUTHORIZED:  259.0        DELAY SEXUAL DEVELOP NEC
AUTHORIZATION NUMBER: 88889354A// <RET>
COMMENTS:
  1>Talked to mary who confirmed insurance policy.  Follow-up UR
  2>required within 3 days to justify LOS.
  3><RET>
EDIT Option:
NEXT REVIEW DATE: JAN 18,1994// t+2  (JAN 16, 1994)
REVIEW STATUS: PENDING// COMPLETE.
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Insurance Reviews/Contacts    Feb 07, 1994 15:45:07          Page:    1 of    1
Insurance Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                         for: INPATIENT ADMISSION on 01/13/94 9:30 am
    Date       Ins. Co.            Type Contact       Action    Auth. No.  Days
1   01/14/94   AETNA               URG ADM            APPROVED  88889354A    5




          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AI  Add Ins. Review       SC  SC Conditions          PV  Provider Update
DI  Delete Ins. Review    AE  Appeals Edit           RW  Revie w Wksheet Print
CS  Change Status         AC  Add Comment            CP  Change Patient
QE  Quick Edit            DU  Diagnosis Update       EX  Exit
VE  View/Edit Ins. Review PU  Procedure Update
Select Action: Quit// AI   Add Ins. Review
Select Insurance Review or Contact Date: NOW// 1 16  (JAN 16, 1994)


REVIEW DATE: JAN 16,1994// <RET>
TYPE OF CONTACT: CONTINUED STAY REVIEW// <RET>

    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires
    ========================================== ==================================
    AETNA             222338888         4446333     SELF    01/01/88

HEALTH INSURANCE POLICY: AETNA// <RET>
PERSON CONTACTED: Mary Smith// June Jones
METHOD OF CONTACT: VOICE MAIL// PHONE
CONTACT PHONE #: 800-5555-1234
CALL REFERENCE NUMBER: 88888SS
ACTION: DENIAL <RET>
DATES OF DENIAL FROM: 1 17  (JAN 17, 1994)
DATES OF DENIAL TO: 1 20  (JAN 20, 1994)
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Select REASONS FOR DENIAL: ?
 ANSWER WITH REASONS FOR DENIAL:
   NOT MEDICALLY NECESSARY

     YOU MAY ENTER A NEW REASONS FOR DENIAL, IF YOU WISH
 ANSWER WITH CLAIMS TRACKING DENIAL REASONS NUMBER, OR NAME
CHOOSE FROM:
   1               FAILURE TO MEET PAYER ADMISSION CRITERIA
   2               NO PRE-ADMISSION CERTIFICATION
   3               UNTIMELY PRE-ADMISSION CERTIFICATION
   4               OUTPT PROCEDURE/TREATMENT IS MORE APPROPRIATE
   5               PRE-OP DAYS NOT COVERED
   6               NOT MEDICALLY NECESSARY
   7               VA A NON PROVIDER (OUT OF NETWORK HMO)
   8               TREATMENT PROVIDED NOT COVERED BY POLICY

Select REASONS FOR DENIAL: 8  TREATMENT PROVIDED NOT COVERED BY POLICY
Select REASONS FOR DENIAL: <RET>
COMMENTS:
  1>Per June, policy does not cover provided care.  File administrative
  2>Appeal if not convinced.
  3>^
EDIT Option: <RET>
NEXT REVIEW DATE: JAN 20,1994// @
   SURE YOU WANT TO DELETE? y  (YES)
REVIEW STATUS: PENDING// COMPLETE..
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Insurance Reviews/Contacts    Feb 07, 1994 15:53:12          Page:    1 of    1
Insurance Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                          for: INPATIENT ADMISSION on 01/1 3/94 9:30 am
    Date       Ins. Co.            Type Contact       Action    Auth. No.  Days
1   01/16/94   AETNA               CONT. STAY         DENIAL                  3
2   01/14/94   AETNA               URG ADM            APPROVED  888893 54A    5

          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AI  Add Ins. Review       SC  SC Conditions          PV  Provider Update
DI  Delete Ins. Review    AE  Appeals Edit           RW  Review Wksheet Print
CS  Change Status         AC  Add Comment            CP  Change Patient
QE  Quick Edit            DU  Diagnosis Update       EX  Exit
VE  View/Edit Ins. Review PU  Procedure Update
Select Action: Quit// VE=1   View/Edit Ins. Review  ........
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Expanded Insurance Reviews    Feb 07, 1994 15:54:38          Page:    1 of    2
Expanded Insurance Reviews for: GRAY,JOHN E G8888   ROI: OBTAINED
                            for: INPATIENT ADMISSION on 01/13/94 9:30 am

  Contact Information                          Action Information
     Contact Date: 01/16/94                     Type Contact: CONTINUED STAY REVI
 Person Contacted: June Jones                         Action: DENIAL
   Contact Method: PHONE                       Denied From: 01/17/94
 Call Ref. Number: 88888SS                       Denied To: 01/20/94
      Review Date:                            Denial Reasons: NOT MEDICALLY NECES
                                              Denial Reasons: TREATMENT PROVIDED

                          Insurance Policy Information
    Ins. Co. Name: AETNA                    Subscriber Name: GRAY,JOHN E
     Group Number: 4446333                    Subscriber ID: 222338888
  Whose Insurance: VETERAN                  Effective Date: 01/01/88
   Pre-Cert Phone: 555-432-4312             Expiration Date:

+         Enter ?? for more actions
AA  Appeal Address        AI  Action Info          PU  Procedure Update
CI  Contact Info          AC  Add Comments         PV  Provider Update
CS  Change Status         VP  View Pat. Ins.       RW  Review Wksheet Print
IU  Ins. Co. Update       DU  Diagnosis Update     EX  Exit
Select Action: Next Screen// <RET>   NEXT SCREEN
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Expanded Insurance Reviews    Feb 07, 1994 15:54:38          Page:    2 of    2
Expanded Insurance Reviews for: GRAY,JOHN E G8888   ROI: OBTAINED
                           for: INPATIENT ADMISSION on 01/13/94 9:30 am

  Appeal Address Information                    User Information
   Ins. Co. Name: AETNA                           Entered By: SKINNER,ALAN
  Alternate Name: AETNA                           Entered On: 01/14/94 3:01 pm
   Street line 1: 122 MAIN STREET               Last Edited By: SKINNER,ALAN
   Street line 2: APPEALS OFFICE                Last Edited On: 01/14/94 3:04 pm
   Street line 3: BOX 13 SUITE 305
  City/State/Zip: TROY, NY  12180

  Comments
   Per June, policy does not cover provided care.  File administrative
   Appeal if not convinced.

  Service Connected Conditions:
 Service Connected: 20%

          Enter ?? for more actions
AA  Appeal Address        AI  Action Info          PU  Procedure Update
CI  Contact Info          AC  Add Comments         PV  Provider Update
CS  Change Status         VP  View Pat. Ins.       RW  Review Wksheet Print
IU  Ins. Co. Update       DU  Diagnosis Update     EX  Exit
Select Action: Quit// -   -
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Expanded Insurance Reviews    Feb 07, 1994 15:54:38          Page:    1 of    2
Expanded Insurance Reviews for: GRAY,JOHN E G8888   ROI: OBTAINED
                            for: INPATIENT ADMISSION on 01/13/94 9:30 am

  Contact Information                          Action Information
     Contact Date: 01/16/94                     Type Contact: CONTINUED STAY REVI
 Person Contacted: June Jones                         Action: DENIAL
   Contact Method: PHONE                       Denied From: 01/17/94
 Call Ref. Number: 88888SS                       Denied To: 01/20/94
      Review Date:                           Denial Reasons: NOT MEDICALLY NECES
                                             Denial Reasons: TREATMENT PROVIDED

                            Insurance Policy Information
    Ins. Co. Name: AETNA                    Subscriber Name: GRAY,JOHN E
     Group Number: 4446333                    Subscriber ID: 222338888
  Whose Insurance: VETERAN                  Effective Date: 01/01 /88
   Pre-Cert Phone: 555-432-4312             Expiration Date:

+          Enter ?? for more actions
AA  Appeal Address        AI  Action Info           PU  Procedure Update
CI  Contact Info          AC  Add Comments          PV  Provider Update
CS  Change Status         VP  View Pat. Ins.        RW  Review Wksheet Print
IU  Ins. Co. Update       DU  Diagnosis Update      EX  Exit
Select Action: Next Screen// ^..
```

Claims Tracking Menu (Combined Functions)
Insurance Review Edit

EXAMPLE, cont.

```
Insurance Reviews/Contacts    Feb 07, 1994 15:53:12          Page:    1 of    1
Insurance Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                         for: INPATIENT ADMISSION on 01/13/94 9:30 am
    Date       Ins. Co.            Type Contact       Action    Auth. No.  Days
1   01/16/94   AETNA               CONT. STAY         DENIAL                  3
2   01/14/94   AETNA               URG ADM            APPROVED  88889354A     5

          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AI  Add Ins. Review       SC  SC Conditions          PV  Provider Update
DI  Delete Ins. Review    AE  Appeals Edit           RW  Review Wksheet Print
CS  Change Status         AC  Add Comment            CP  Change Patient
QE  Quick Edit            DU  Diagnosis Update       EX  Exit
VE  View/Edit Ins. Review PU  Procedure Update
Select Action: Quit// <RET>
```

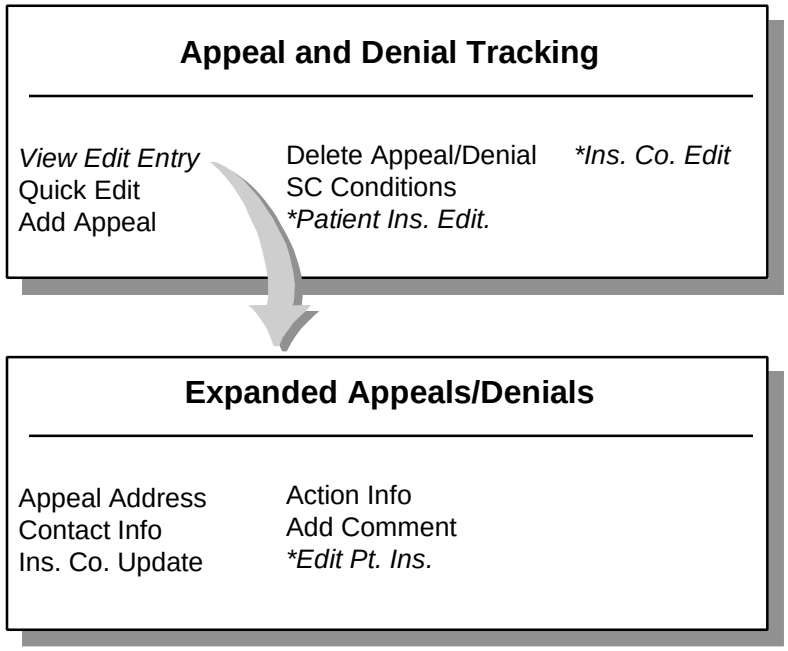
Claims Tracking Menu (Combined Functions)
Appeal/Denial Edit

INTRODUCTION

This option allows you to enter, edit, and track the appeals for either a patient or an insurance company. You can speed processing by using the following syntax: 2.<entry name> (i.e., 2.Smith,John) to enter a patient name or 36.<entry name> (i.e., 36.GHI) to select an insurance company. If you simply enter a name, the system searches both files for the name you have entered.

This option uses a series of screens to display denials and penalties with all associated appeals. It is very similar to the Insurance Review option; however, if an appeal is approved or partially approved, the amount won on appeal is tracked.

The following chart shows the Claims Tracking Screens accessed through this option and the actions available on each screen. Actions shown in *italics* bring you to other screens (indicated by the arrows). Actions may not be shown in the order in which they actually appear on the screens.



*These actions bring you to the Patient Insurance Screens. Please refer to the Patient Insurance Menu section of this manual for documentation of these screens.

Claims Tracking Menu (Combined Functions)
Appeal/Denial Edit

INTRODUCTION cont.

About the Screens...

In the top left corner of each screen is the screen title. A plus sign (+) at the bottom left of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right on the screen. Available actions are displayed below the screen. Two question marks entered at any "Select Action" prompt displays all available actions for that screen. For more information on the use of the screens, please refer to the appendix at the end of this manual.

You may quit from any screen, which will bring you back one level or screen, or you may exit (this exits the option entirely and returns you to the menu).

Following is a list of the screens accessed through this option, the actions they provide, and a brief description of each action. Actions shown in *italics* access other screens.

Appeal and Denial Tracking Screen

View/Edit Entry - This action allows you to jump to the Expanded Appeal/Denial Screen where you can view much of the data for one visit and perform related actions.

Quick Edit - This action allows you to edit nearly all of the fields in the appeal or denial, add comments, maintain its status, and assign follow-up dates.

Add Appeal - This action allows adding an appeal to a denial or penalty. The first appeal will be an initial appeal. All other appeals will be subsequent appeals. You may enter an administrative or clinical appeal. There is no limit to the number of appeals that may be entered.

Delete Appeal/Denial - This action allows deletion of appeals and denials. This was designed to be used in cases of erroneous entry.

Claims Tracking Menu (Combined Functions)
Appeal/Denial Edit

INTRODUCTION cont.

SC Conditions - This action allows a quick look at the patient's eligibility, SC status, service-connected conditions, and percent of service connection for service-connected veterans.

Ins. Co. Edit - This action allows editing of fields in the INSURANCE COMPANY file (#36) that pertain to appeals address and phone numbers.

Patient Ins. Edit - This action allows you to edit patient policy information.

Expanded Appeals/Denials Screen

Appeal Address - This action allows you to edit the name and address for a selected appeal.

Contact Info - This action allows you to enter/edit the review date, person contacted, method of contact, phone and reference numbers.

Ins. Co. Update - This action allows you to view/edit the billing, precertification, verification, claims, appeals, and inquiry phone numbers for the insurance company.

Action Info - This action allows you to view/edit information pertaining to action taken on a review such as type of contact, care authorization from and to dates, authorization number, and review date and status.

Add Comment - This action allows you to edit the word processing (comments) field in Hospital or Insurance Reviews without having to edit other fields.

Edit Pt. Ins. - This action brings you to the Patient Insurance Screen. Please refer to the Patient Insurance Menu section of this manual for documentation.

Due to the nature of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Appeal/Denial Edit

EXAMPLE
The following example shows what might appear on your screen while using this option. User respones are shown in boldface type.

```
Appeal and Denial Tracking    Feb 08, 1994 09:59:09          Page:    1 of    1
Denials and Appeals for: GRAY,JOHN E G8888

    Ins. Co.          Group        Date       Action     Visit    Visit Date
1   AETNA             4446333      01/16/94   DENIAL     ADMIT    01/13/94 9:30 a




          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
VE  View Edit Entry       DA  Delete Appeal/Denial  IC  Ins. Co. Edit
QE  Quick Edit            SC  SC Conditions         EX  Exit
AA  Add Appeal            PI  Patient Ins. Edit.
Select Action: Quit// AA   Add Appeal
Select Appeal Date: NOW// 1 17  (JAN 17, 1994)
TYPE OF CONTACT: INITIAL APPEAL// ?
     If not associated with a tracking entry, only a patient or other type of
     contact may be selected.
 ANSWER WITH CLAIMS TRACKING REVIEW TYPE NAME, OR CODE
 DO YOU WANT THE ENTIRE CLAIMS TRACKING REVIEW TYPE LIST? Y  (YES)
CHOOSE FROM:
   CONTINUED STAY REVIEW      30
   DISCHARGE REVIEW      40
   INITIAL APPEAL      60
   OTHER      80
   OUTPATIENT TREATMENT      50
   PATIENT      70
   PRE-ADM CERTIFICATION REVIEW      10
   SUBSEQUENT APPEAL      65
   URGENT/EMERGENT ADMIT REVIEW      20

TYPE OF CONTACT: INITIAL APPEAL// <RET>
TYPE OF APPEAL: ?
     CHOOSE FROM:
       1        CLINICAL
       2        ADMINISTRATIVE
TYPE OF APPEAL: 2  ADMINISTRATIVE
```

Claims Tracking Menu (Combined Functions)
Appeal/Denial Edit

EXAMPLE, cont.

```
APPEAL STATUS: ?
     CHOOSE FROM:
       1        OPEN
       2        PENDING
       3        CLOSED
       4        REFERRED TO DISTRICT COUNSEL
APPEAL STATUS: 1  OPEN
NUMBER OF DAYS PENDING APPEAL: 3
COMMENTS:
  1>Sent Appeal letter today to Chief of Claims Process.  Normally we
  2>receive confirmation of appeal in 10 working days.
  3><RET>
EDIT Option: <RET>
NEXT REVIEW DATE: JAN 14,1994// t+10  (JAN 24, 1994)
REVIEW STATUS: ENTERED// ?
     CHOOSE FROM:
       0        INACTIVE
       1        ENTERED
       2        PENDING
       10       COMPLETE
REVIEW STATUS: ENTERED// 10  COMPLETE..
```

```
Appeal and Denial Tracking    Feb 08, 1994 09:59:09          Page:    1 of    1
Denials and Appeals for: GRAY,JOHN E G8888

    Ins. Co.          Group        Date      Action     Visit    Visit Date
1   AETNA             4446333      01/16/94  DENIAL     ADMIT    01/13/94 9:30 a
2   AETNA             4446333      01/17/94  1st Appeal ADMIT    01/13/94 9:30 a

          Service Connected: 20%   Previous Spec. Bills: OWC                >>>
AI  Add Ins. Review       SC  SC Conditions          PV  Provider Update
DI  Delete Ins. Review    AE  Appeals Edit           RW  Review Wksheet Print
CS  Change Status         AC  Add Comment           CP  Change Patient
QE  Quick Edit            DU  Diagnosis Update      EX  Exit
VE  View/Edit Ins. Review PU  Procedure Update
Select Action: Quit// <RET>   QUIT  ...
```

Claims Tracking Menu (Combined Functions)
Inquire to Claims Tracking

INTRODUCTION This option will display or print stored information about a single visit. You are prompted to select a patient and the Claims Tracking entry you wish to view/print. Visit, billing, and insurance information is provided, as well as all reviews performed. This output is less detailed than the Claims Tracking Summary for Billing option, and does not contain the word processing fields from the reviews.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Inquire to Claims Tracking

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
Select PATIENT NAME: gray,john
   1   GRAY,JOHN       12-26-62     023487658       NSC VETERAN
   2   GRAY,JOHN E       01-01-40     222338888     YES     NSC VETERAN
CHOOSE 1-2: 2  GRAY,JOHN E       01-01-40     222338888     YES     NSC
VETERAN


CHOOSE FROM:
   500359     GRAY,JOHN E     01-13-94     URGENT     INPATIENT ADMISSION

Select VISIT: 500359// <RET>         GRAY,JOHN E     01-13-94     URGENT
INPATIENT ADMISSION

DEVICE: HOME// <RET>  LAT    RIGHT MARGIN: 80// <RET>


Claim Tracking Inquiry                          Page 1  Jan 14, 1994@15:55:54
GRAY,JOHN E                 222-33-8888          DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
------------------------------------------------------------------------------
 Visit Information
    Visit Type: INPATIENT ADMISSION          Visit Billable: YES
Admission Date: JAN 13,1994@09:30:35         Second Opinion: NOT REQUIRED
          Ward: 11-B MEDICINE XREF           Auto Bill Date:
     Specialty: MEDICINE                    Special Consent: ROI OBTAINED
Discharge Date:                             Special Billing: FEDERAL OWCP

  Billing Information
  Initial Bill:                        Estimated Recv (Pri): $
   Bill Status:                        Estimated Rec v (Sec): $
 Total Charges: $        0             Estimated Recv (ter): $
   Amount Paid: $        0               Means Test Charges: $

Press RETURN to continue or '^' to exit: <RET>
```

Claims Tracking Menu (Combined Functions)
Inquire to Claims Tracking

EXAMPLE, cont.

```
Claim Tracking Inquiry                          Page 2  Jan 14, 1994@15:55:54
GRAY,JOHN E                 222-33-8888            DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
--------------------------------------------------------------------------------

  Insurance Review Information
    Type Review: INITIAL APPEAL              Review Date: 01/17/94
    Appeal Type: ADMINISTRATIVE            Insurance Co.: AETNA
    Case Status: OPEN                    Person Contacted: Mary Smith
No Days Pending: 3                         Contact Method: Letter
  Final Outcome:                        Call Ref. Number:
                                                 Status: COMPLETE
                                         Last Edited By:

    Type Review: CONTINUED STAY REVIEW       Review Date: 01/16/94
         Action: DENIAL                    Insurance Co.: AETNA
    Denied From: 01/17/94                Person Contacted: June Jones
      Denied To: 01/20/94                  Contact Method: PHONE
 Denial Reasons: NOT MEDICALLY NECESSAR Call Ref. Number: 88888SS
 Denial Reasons: TREATMENT PROVIDED NOT           Status: COMPLETE
                                       Last Edited By: SKINNER,ALAN

Press RETURN to continue or '^' to exit: <RET>

Claim Tracking Inquiry                          Page 3  Jan 14, 1994@15:55:54
GRAY,JOHN E                 222-33-8888            DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
--------------------------------------------------------------------------------
    Type Review: URGENT/EMERGENT ADMIT       Review Date: 01/14/94
         Action: APPROVED                  Insurance Co.: AETNA
Authorized From: 01/13/94                Person Contacted: Mary Smith
  Authorized To: 01/18/94                  Contact Method: VOICE MAIL
Authorized Diag: 259.0 - DELAY SEXUAL D Call Ref. Number: 88889354A
   Auth. Number: 88889354A                       Status: COMPLETE
                                       Last Edited By: SKIN NER,ALAN

  Hospital Review Information
     Review Date: 01/15/94                Day of Review:  3
     Review Type: CONTINUED STAY REVIEW  Severity of Ill: Generic
       Specialty: MEDICINE              Intensity of Svc: Generic
     Methodology: INTERQUAL             Non-Acute Reason:
          Status: ENTERED
  Last Edited By: SKINNER,ALAN


Press RETURN to continue or '^' to exit: <RET>
```

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Manually Add Opt. Encounters to Claims Tracking

INTRODUCTION

Outpatient encounters that have been checked out through the Scheduling module are normally added during the IB nightly background job. Only primary outpatient encounters that have been checked out will be added in the first twenty days after the date of the encounter. This option allows you to search for outpatient encounters that were not checked out within twenty days and automatically add them to Claims Tracking. If you choose to run the automated bill preparation portion of IB V. 2.0, you should periodically run this report to insure that all outpatient care is billed. This option is automatically queued and a mail message is sent upon completion.

You may queue this option into the future; however, only outpatient encounters checked out at least one day prior to the actual running will be added automatically. A message indicating any change will be added to the completion mail message.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Manually Add Opt. Encounters to Claims Tracking

EXAMPLE
The following example shows what might appear on your screen while using this option followed by a sample of the type of mail message generated. User responses are shown in boldface type.

```
Select the Date Range of Opt. Encounters to Add to Claims Tracking.

Start with DATE: T-10  (JAN 22, 1994)
Go to DATE: T  (FEB 01, 1994)

I'll automatically change the end date to 1 day prior to the date queued to run.

I'll automatically queue this off and send you a mail message when complete.

Requested Start Time: NOW// <RET> (FEB 01, 1994@16:23:08)
Request Queued



Subj: Outpatient Encounters added to Claims Tracking Comp lete  [#114893]
02 Feb 94 08:52  12 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket.   Page 1  **NEW**
-------------------------------------------------------------------------------

The process to automatically add Opt Encounters has successfully completed.

              Start Date: 01/22/94
                End Date: 01/31/94
(Selected end date of 02/1/94 automatically changed to 01/31/94.

            Total Encounters Checked: 0
              Total Encounters Added: 0
 Total Non-billable Encounters Added: 0

*The SC, Agent Orange, Environmental Contaminate, and Ionizing
Radiation visits have been added for insured patients but
automatically indicated as not billable


Select MESSAGE Action: IGNORE (in IN basket)//
```

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

INTRODUCTION This option allows you to edit MCCR site parameters that affect the Claims Tracking module.

Following is a list of each parameter with a brief description.

INSURANCE EXTENDED HELP
Should the extended help display always be on in the Insurance Management options.

ON - if you always want it to display automatically
OFF - if you do not want to see it

It is recommended that the extended help be turned on initially after V. 2 is installed. As users become more familiar with the new functionality, the parameter can be turned off.

CLAIMS TRACKING START DATE
If you choose to run the claims tracking module and populate the files with past episodes of care. (If the year is omitted, the computer uses the CURRENT YEAR.) This is the earliest visit date that the Claims Tracking software will add visits. (Earlier visit dates may be added manually.)

INPATIENT CLAIMS TRACKING
This field determines what inpatients will automatically be added to the claims tracking module. It is recommended that it is set to INSURED AND UR ONLY.

OFF - no new patients will be added
INSURED AND UR ONLY - only the insured patients and random sample patients will be added
ALL PATIENTS -a record of all admissions will be created

If a patient is not insured, each record will be so annotated automatically on creation and no follow-up will be required. The advantage of tracking all patients is that you can determine the percentage of billable cases and make necessary adjustments if the patients are later found to have insurance. The disadvantage is that additional capacity is used.

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

INTRODUCTION cont.

OUTPATIENT CLAIMS TRACKING
This field determines whether outpatient visit dates will automatically be entered into the Claims Tracking module.

OFF - no entries will be entered
INSURED ONLY - only outpatient encounters for insured patients will be added
ALL PATIENTS - an entry for all outpatient encounters will be added

PRESCRIPTION CLAIMS TRACKING
This field determines whether prescriptions will automatically be entered into the Claims Tracking module.

If a prescription or refill does not appear to be billable, that is it may be for SC care, or there is a visit date associated with that prescription or refill, this will be so noted in the reason not billable.

It is recommended that this field is set to INSURED ONLY.

OFF - no prescriptions or refills will be entered
INSURED ONLY - only prescriptions and refills will be added if the patient is insured
ALL PATIENTS - an entry for all prescriptions will be entered

PROSTHETICS CLAIMS TRACKING
This field will be used to determine if prosthetics should be tracked in the claims tracking module.

OFF - no prosthetic items should be tracked
INSURED ONLY - only prosthetic items for patients with insurance will be tracked
ALL PATIENTS - prosthetic items for all patients will be tracked

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

INTRODUCTION cont.

REPORTS ADD TO CLAIMS TRACKING
This field determines whether or not you wish to allow the Veterans with Insurance reports to add entries to Claims tracking. Enter YES for admissions and outpatient visits found as billable but not found in claims tracking to be added to claims tracking for billing information purposes only. No review will be set up. This is to allow flagging of these visits as unbillable so that they can be removed from these reports.

Answering 'YES' does not guarantee that the entry will be added. The related parameters about whether Claims Tracking is turned on and the Claims Tracking Start Date will over ride this parameter.

USE ADMISSION SHEETS
Indicate whether your facility is using Admission Sheets as part of the MCCR/UR functionality. If this parameter is answered YES, users will be asked for the device to print admissions sheets to. The default device will be from the BILL FORM TYPE file.

In the future, it may be possible to print an admission sheet upon admission if this field is set to YES.

ADMISSION SHEET HEADER LINE 1
Enter the text that your facility would like to have printed as the first line of the header on the admission sheet. This is usually the name of your medical center.

ADMISSION SHEET HEADER LINE 2
Enter the text that your facility would like to have printed as the second line of the header on the admission sheet. This is usually the street address of your medical center.

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

INTRODUCTION cont.

ADMISSION SHEET HEADER LINE 3
Enter the text that your facility would like to have printed as the third line of the header on the admission sheet. This is usually the city, state, and zip code of your medical center.

MEDICINE SAMPLE SIZE
This is the number of required Utilization Reviews that you wish to have done each week for Medicine admissions. The minimum recommended by the QA office is one per week.

MEDICINE WEEKLY ADMISSIONS
This is the minimum number of admissions that your facility usually averages for Medicine. This is used along with the Medicine Sample Size to compute a random number. Changing this number to a lower value will cause the random sample case to be selected earlier in the week. A higher number provides a more even distribution of cases during the week. If the number exceeds the admissions for the week, the possibility exists that a random sample case may not be generated for this service.

SURGERY SAMPLE SIZE
This is the number of required Utilization Reviews that you wish to have done each week for Surgery admissions. The minimum recommended by the QA office is one per week.

SURGERY WEEKLY ADMISSIONS
This is the minimum number of admissions that your medical center usually averages for Surgery. This is used along with the Surgery Sample Size to compute a random number. Changing this number to a lower value will cause the random sample case to be selected earlier in the week. A higher number provides a more even distribution of cases during the week. If the number exceeds the admissions for the week, the possibility exists that a random sample case may not be generated for this service.

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

INTRODUCTION cont.

PSYCH SAMPLE SIZE

This is the number of required Utilization Reviews that you wish to have done each week for Psychiatry admissions. The minimum recommended by the QA office is one per week.

PSYCH WEEKLY ADMISSIONS

This is the minimum number of admissions that your medical center usually averages for Psychiatry. This is used along with the Psychiatry Sample Size to compute a random number. Changing this number to a lower value will cause the random sample case to be selected earlier in the week. A higher number provides a more even distribution of cases during the week. If the number exceeds the admissions for the week, the possibility exists that a random sample case may not be generated for this service.

Due to the nature of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

EXAMPLE
The following is an example of what might appear on your screen while using this option. User responses appear in boldface type.

```
                        Claims Tracking Parameter Enter Edit
------------------------------------------------------------------------------

Initialization Date:
Use Admission Sheet:
      Header line 1:
      Header line 2:
      Header line 3:

    Track Inpatient:                      Track Outpatient:
          Track Rx:                     Track Prosthetics:
 Reports can Add CT:

    Medicine Sample:                         Surgery Sample:
Medicine Admissions:                    Surgery Admissions:

       Psych Sample:
   Psych Admissions:



INSURANCE EXTENDED HELP: ON
CLAIMS TRACKING START DATE: 1/1/94  (JAN 01, 1994)
INPATIENT CLAIMS TRACKING: ?
     CHOOSE FROM:
       0        OFF
       1        INSURED AND UR ONLY
       2        ALL PATIENTS
INPATIENT CLAIMS TRACKING: 1  INSURED AND UR ONLY
OUTPATIENT CLAIMS TRACKING: INSURED ONLY
PRESCRIPTION CLAIMS TRACKING: INSURED ONLY
PROSTHETICS CLAIMS TRACKING: INSURED ONLY
REPORTS ADD TO CLAIMS TRACKING: ?
     Should the Patients with Insurance Reports add entries to claims tracking.
     CHOOSE FROM:
       0        NO
       1        YES
REPORTS ADD TO CLAIMS TRACKING: YES
USE ADMISSION SHEETS: YES
ADMISSION SHEET HEADER LINE 1: ALBANY VAMC
ADMISSION SHEET HEADER LINE 2: 113 HOLLAND AVE
ADMISSION SHEET HEADER LINE 3: ALBANY,NY
MEDICINE SAMPLE SIZE: 3// 1
MEDICINE WEEKLY ADMISSIONS: 5
```

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Claims Tracking Parameter Edit

EXAMPLE

```
SURGERY SAMPLE SIZE: 1
SURGERY WEEKLY ADMISSIONS: 5
PSYCH SAMPLE SIZE: 1
PSYCH WEEKLY ADMISSIONS: 5

                    Claims Tracking Parameter Enter Edit
------------------------------------------------------------------------------

Initialization Date: 01/01/94
Use Admission Sheet: YES
      Header line 1: ALBANY VAMC
      Header line 2: 113 HOLLAND AVE
      Header line 3: ALBANY,NY

    Track Inpatient: INSURED AND UR ONLY    Track Outpatient: INSURED ONLY
          Track Rx: INSURED ONLY          Track Prosthetics: INSURED ONLY
 Reports can Add CT: YES

    Medicine Sample:   1                    Surgery Sample:   1
Medicine Admissions:   5                 Surgery Admissions:   5

       Psych Sample:   1
   Psych Admissions:   5
```

NOTE: Medicine, Surgery, and Psych Samples should be set to the correct values for your site.

```
Press RETURN to continue or '^' to exit:
```

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Manually Add Rx Refills to Claims Tracking

INTRODUCTION

Prescription refills that have been released within ten days of the fill date are automatically added during the IB nightly background job. This option allows you to search for refills that were not released within ten days and automatically add them to Claims Tracking. If you choose to run the automated bill preparation portion of IB V. 2.0, you should run this report periodically to insure that all outpatient care is billed. This option is automatically queued and a mail message is sent upon completion.

You may queue this option into the future; however, only outpatient encounters checked out at least one day prior to the actual running will be added automatically. A message indicating any change will be added to the completion mail message.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Supervisors Menu (Claims Tracking)
Manually Add Rx Refills to Claims Tracking

EXAMPLE
The following example shows what might appear on your screen while using this option followed by a sample of the type of mail message generated. User responses are shown in boldface type.

```
Select the Date Range of Rx Refills to Add to Claims Tracking.

Start with DATE: T-10  (JAN 22, 1994)
Go to DATE: T  (FEB 01, 1994)

I'll automatically change the end date to 3 days prior to the date queued to run.


I'm going to automatically queue this off and send you a mail messag e when
complete.

Requested Start Time: NOW// <RET> (FEB 01, 1994@16:28:46)
Request Queued
```

```
Subj: Rx Refills added to Claims Tracking Complete  [#114894] 02 Feb 94 08:52
  10 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket.   Page 1  **NEW**
-------------------------------------------------------------------------------

The process to automatically add Rx Refills has successfully completed.

              Start Date: 01/22/94
                End Date: 01/29/94
(Selected end date of 02/01/94 aut omatically changed to 01/29/94.)

  Total Rx fills checked: 0
Total NSC Rx fills Added: 0
 Total SC Rx fills Added: 0

*The fills added as SC require determination and editing to be billed


Select MESSAGE Action: IGNORE (in IN basket)//
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
UR Activity Report

INTRODUCTION

The UR Activity Report includes **total** activity during the date range. It provides a detailed listing of the Insurance Reviews, Hospital Reviews, or both for the selected dates; a summary report by admission; and a summary report by specialty. All completed Insurance Reviews are included. For Hospital Reviews, it lists each case reviewed indicating whether it met admission criteria, and the number of days that met/did not meet the criteria for acute care. The detailed listing can be sorted by reviewer, specialty, or patient. If sorted by reviewer, it sorts within reviewer by type of review.

These reports could be shared with hospital management and clinical staff to communicate trends in care.

This report is formatted to print at 132 columns.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
UR Activity Report

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type. A sample report is provided beginning on the following page.

```
UR Activity Report


Include [H]ospital Reviews  [I]nsurance Reviews  [B]oth: B// <RET>OTH

Print Summary Only? YES// n  NO

Sort By [R]eviewer  [S]pecialty  [P]atient: P// ??

When printing the list of patients reviewed, how should this report be
sorted.  It can be sorted by Reviewer or by Specialty or by Patient.
If sorted by Reviewer it will be sorted within reviewer by type of review.

The default is Patient.

Sort By [R]eviewer   [S]pecialty   [P]atient: P//  <RET>ATIENT

Start with DATE: 1/1/94  (JAN 01, 1994)
Go to DATE: t  (FEB 15, 1994)

You will need a 132 column printer for this report!

DEVICE: HOME// a138-16/6/UP  KYOCERA PRINTER    RIGHT MARGIN: 132// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
UR Activity Report

EXAMPLE, cont.

UR Insurance Review Activity Report — Page 1 Feb 15, 1994@10:17:10
For Insurance Reviews Dated 01/01/94 to 02/15/94

Patient	Pt. ID	Dates of Care	Review Type	Review Date	Ins. Co.	Action	Last Reviewer
CHARLES,SEAN	445-54-4554	02/07/94	URG ADM	02/07/94	AETNA	APPROVED	KAGAN,PETER
DERIAN,PAUL	742-05-1110P	12/24/93 to 12/29/93	PRE-ADM	01/07/94	CDPHP	APPROVED	DERDERIAN,JOHN
DERIAN,PAUL	762-12-0230P	02/01/94 to 02/09/94	URG ADM	02/11/94	BLUE SHIELD	APPROVED	KAGAN,PETER
DOONE,ROLAND	020-24-8845		Ins. Ver.	01/05/94	GHI	APP ROVED	RUDINGER,NANCY
DOYLE,DAN	020-24-8845		Ins. Ver.	01/05/94	PRUDENTIAL	APPROVED	RUDINGER,NANCY
GRAY,JOHN E	222-33-8888	01/13/94	URG ADM	02/03/94	AETNA	APPROVED	GRAY,MARY ELLEN
GRAY,JOHN E	222-33-8888	01/13/94	CONT. STAY	01/15/94	AETNA	DENIAL	GRAY,MARY ELLEN
GRAY,JOHN E	222-33-8888	01/13/94	1st Appeal	01/17/94	AETNA	APPROVED	SMITH,JOHN
HAAS,STEVE	555-84-3333	01/13/94	URG ADM	01/13/94	AETNA	DENIAL	SMITH,JOHN
KATZ,KIRK	122-38-4541		Ins. Ver.	01/14/94	HEALTH INSURANCE LTD	APPROVED	DERDERIAN,JOHN
ROBERTS,ALONZO	010-66-2222	02/04/94	PRE-ADM	01/28/94	HEAL TH INSURANCE LTD	APPROVED	DERDERIAN,JOHN
SPINNER,ALAN A	442-12-1211	02/01/91	Ins. Ver.	01/13/94	GHI	APPROVED	RUDINGER,NANCY
SPINNER,ALAN A	442-12-1211	02/01/91	Ins. Ver.	01/14/94	PRUDENTIAL	APPROVED	RUDINGER,NANCY

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
UR Activity Report

EXAMPLE, cont.

UR ACTIVITY SUMMARY REPORT
for Insurance Reviews
ALBANY (500)

From: JAN 1, 1994
To: FEB 15, 1994

Date Printed: Feb 15, 1994@10:17:10
Page: 2

Total Admissions:	15
Total Admissions to NHCU:	4
Total Admissions to Domiciliary:	1
Total Admissions Requiring Reviews:	0
Number of Scheduled Adm. Reviewed:	0
Total Admissions with Insurance:	4
Total Billable Admissions:	3
Cases with Pre-Cert and Follow-up:	0
Cases with Pre-Cert no Follow-up:	0
Number of Closed Cases:	0
Number of Billable Closed Cases:	0
Number of Unbillable Closed Cases:	0
Number of New Case Still Open:	0
Number of Previous Cases:	0
Number of Previous Cases Closed and Billable:	9
Number of Previous Cases Closed, not Billable:	0
Number of Previous Cases still Open:	0
Number of Outpatient Cases Reviewed:	0

Reason Not Billable Report:	Reason	Count
	NOT INSURED	1

INSURANCE REVIEW SPECIALTY SUMMARY REPORT Feb 15, 1994@10:17:10 Page 3
For Insurance Reviews Dated 01/01/94 to 02/15/94

Specialty	Days Approved	Days Denied	Amount Approved	Amount Denied
GENERAL MEDICINE	0	0	$0	$0
MEDICINE	5	10	$4,135	$8,270
ORTHOPEDIC SURGERY	0	0	$0	$0
UROLOGY	0	1	$0	$1,164
Unknown	0	0	$0	$0
	5	11	$4,135	$9,434

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
UR Activity Report

EXAMPLE, cont.

UR Hospital Review Activity Report — Page 4 Feb 15, 1994@10:17:10
For Hospital Reviews Dated 01/01/94 to 02/15/94

Patient	Pt. ID	Dates of Care	Review Type	Admission Met Criteria	Days Met Criteria	Days Not Met Criteria	Assigned Reviewer
CHARLES,SEAN	445-54-4554	02/07/94	RANDOM	YES	1	0	KAGAN,PETER
DERIAN,PAUL	712-12-3035P	12/23/93	RANDOM	YES	1	0	KAGAN,PETER
DERIAN,PAUL	762-12-0230P	02/01/94 to 02/09/94	RANDOM	YES	1	0	MCBRIDE,WILLIAM
DOONE,RONALD	042-18-2744	12/29/93	RANDOM		1	0	MCBRIDE,WILLIAM
EVENS,MICHAEL	097-13-3307	02/07/94	RANDOM	YES	1	0	KAGAN,PETER
GARY,NAT	333-55-5444	02/07/94	RANDOM	YES	1	0	BOC,GORDON
GRAVES,DIANA	222-33-8888	01/13/94	RANDOM	YES	1	2	MCBRIDE,WILLIAM
GRAY,JOHN E	022-33-4444	01/04/94 to 01/10/94	RANDOM	YES	1	0	BOC,GORDON
HAAS,ELMER	203-01-0101P	02/07/94	RANDOM	YES	1	0	BOC,GORDON
IGOR,FRANCIS	555-84-3333	01/13/94	RANDOM	YES	1	0	KAGAN,PETER
JONES,DAVID	009-18-7867	02/07/94	RANDOM	YES	1	0	MURPHY,BRIDGET
PICARD,JOHN	123-34-3243	02/07/94	RANDOM	YES	1	0	COLGAN,PADRAIC
ROBERTS,ALONZO	010-66-2222	02/04/94	COPD	YES	1	1	KAGAN,PETER
SPINNER,ALAN A	442-12-1211	08/15/93	LOCAL	NO	1	1	JONES,SANDRA L

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
UR Activity Report

EXAMPLE, cont.

UR ACTIVITY SUMMARY REPORT
for Hospital Reviews
ALBANY (500)

From: JAN 1, 1994
To: FEB 15, 1994

Date Printed: Feb 15, 1994@10:17:10
Page: 5

Total Admissions:	15
Total Cases Reviewed:	14
Number of New Case Still Open:	0
Number of Previous Cases:	3
Number of Previous Cases still Open:	0
Total Random Sample Cases:	12
Total Special Condition Cases:	1
COPD:	1
CVD:	0
TURP:	0
Total Locally Added Cases:	1
Total Cases Meeting Criteria on Adm.:	13
Total Cases Not Meeting Crit. on Adm.:	1
Total Days Reviewed:	20
Total Days Meeting Criteria:	14
Total Days Not Meeting Criteria:	6

HOSPITAL REVIEW SPECIALTY SUMMARY REPORT Feb 15, 1994@10:17:10 Page 6

For Hospital Reviews Dated 01/01/94 to 02/15/94

Specialty	Admissions Met Criteria	Admissions Not Met Crit.	Days Met Criteria	Days Not Met Crit.
GENERAL MEDICINE	5	0	0	5
MEDICINE	1	0	2	1
NEUROLOGY	0	0	1	0
ORTHOPEDIC SURGERY	3	0	0	3
PSYCHIATRY	1	0	0	1
SURGERY	2	0	1	2
UROLOGY	1	1	2	1
	13	1	6	14

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Print CT Summary for Billing

INTRODUCTION

The Bill Preparation Report is designed to provide as much detailed information about a visit as possible for use by billers when entering claims, or answering questions about claims. It may also be of interest to MCCR and UR employees wishing to verify information entered into Claims Tracking.

The following types of summary information may be included.

- visit
- insurance
- billing
- eligibility
- diagnosis
- procedure
- provider
- insurance review
- hospital review

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Print CT Summary for Billing

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Bill Preparation Report for a Single Visit


Select PATIENT NAME: GRAY,JOHN E       01-01-40     222338888     YES     NSC
VETERAN

CHOOSE FROM:
   500363     GRAY,JOHN E     01-13-94     URGENT     INPATIENT ADMISSION

Select VISIT: 500363// <RET>          GRAY,JOHN E     01-13-94     URGENT
INPATIENT ADMISSION

DEVICE: HOME// A138-10/6/UP  KYOCERA-DEVELOPER AREA    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Print CT Summary for Billing

EXAMPLE, cont.

```
Bill Preparation Report                          Page 1  Feb 10, 1994@13:58:52

GRAY,JOHN E                  222-33-8888           DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
------------------------------------------------------------------------------
 Visit Information
    Visit Type: INPATIENT ADMISSION          Visit Billable: NO -NOT INSURED
Admission Date: JAN 13,1994@09:30:35         Second Opinion: NOT REQUIRED
          Ward: 11-B MEDICINE XREF           Auto Bill Date:
     Specialty: MEDICINE                    Special Consent: ROI OBTAINED
Discharge Date:                             Special Billing:
    ---------------------------------------------------------------------------

  Insurance Information
     Ins. Co 1: AETNA                        Pre-Cert Phone: 555-432-4312
             Subsc.: GRAY,JOHN E                      Type: MAJOR MEDICAL EXPE
          Subsc. ID: 222338888                      Group: 4446333
          Coord Ben:                          Billing Phone: 555-678-6568
     Filing Time Fr:                          Claims Phone: 777-444-5656
Group Plan Comments:
                              ----------------------------------
    ---------------------------------------------------------------------------

  Billing Information
  Initial Bill: N10090                Estimated Recv (Pri): $
   Bill Status: ENTERED/NOT RE         Estimated Recv (Sec): $
 Total Charges: $        0            Estimated Recv (ter): $
   Amount Paid: $        0              Means Test Charges: $
Reason Not Billable: NOT INSURED
Additional Comment:
    ---------------------------------------------------------------------------

  Eligibility Information
       Primary Eligibility: SC LESS THAN 50%
         Means Test Status:
 Service Connected Percent: 20%

     Service Connected Conditions:
     NONE STATED




    ---------------------------------------------------------------------------
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Print CT Summary for Billing

EXAMPLE, cont.

```
Bill Preparation Report                          Page 2  Feb 10, 1994@13:58:52

GRAY,JOHN E                 222-33-8888          DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
------------------------------------------------------------------------------
  Diagnosis Information

  1  101.0     VINCENTS ANGINA          01/13/94    ADMITTING
    ----------------------------------------------------------------------

  Procedure Information

  1  89.44     CARDIAC STRESS TEST NEC                     01/13/94
    ----------------------------------------------------------------------

  Provider Information

  1  SMITH,DR. JAY                      01/13/94            ADMITTING
    ----------------------------------------------------------------------
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Print CT Summary for Billing

EXAMPLE, cont.

```
Bill Preparation Report                          Page 3  Feb 10, 1994@13:58:52

GRAY,JOHN E                 222-33-8888           DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
--------------------------------------------------------------------------------
    ----------------------------------------------------------------------

  Insurance Review Information
    Type Review: URGENT/EMERGENT ADMIT       Review Date: 02/03/94
         Action: APPROVED                  Insurance Co.: AETNA
Authorized From: 02/03/94                Person Contacted:  MARY SMITH
  Authorized To: 02/08/94                  Contact Method: VOICE MAIL
Authorized Diag: 101.0 - VINCENTS ANG D Call Ref. Number: 8995444a
   Auth. Number: 8995444a                         Status: COMPLETE
                                        Last Edited By: GRAVES,MARY ELLEN
Comment:
                               ----------------------------------

    Type Review: INITIAL APPEAL             Review Date: 01/17/94
    Appeal Type: CLINICAL                  Insurance Co.: AETNA
    Case Status: PENDING                 Person Contacted: JAMES,JOHN
No Days Pending: 10                        Contact Metho d: MAIL
  Final Outcome:                         Call Ref. Number:
                                                 Status: ENTERED
                                        Last Edited By: GRAVES,MARY ELLEN
Comment:
                               ----------------------------------

    Type Review: CONTINUED STAY REVIEW       Review Date: 01/15/94
         Action: DENIAL                     Insurance Co.: AETNA
    Denied From: 01/21/94                Person Contacted: JUNE JONES
      Denied To: 01/31/94                  Contact Method: PHONE
 Denial Reasons: TREATMENT PROVIDED NOT Call Ref. Number:
                                                 Status: PENDING
                                        Last Edited By: GRAY,MARY ELLEN
Comment:
                               ----------------------------------

  Hospital Review Information
     Review Date: 01/15/94                 Day of Review:  3
     Review Type: CONTINUED STAY REVIEW  Severity of Ill: GENERIC
       Specialty: MEDICINE              Intensity of Svc: GENERIC
     Methodology: INTERQUAL             Dschg Screen Met:
          Status: ENTERED               Acute Care Dschg:
  Last Edited By: GRAVES,MARY ELLEN
Next Review Date: 02/06/94
Comment:


                               ----------------------------------
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Print CT Summary for Billing

EXAMPLE, cont.

```
Bill Preparation Report                          Page 4  Feb 10, 1994@13:58:52

GRAY,JOHN E                  222-33-8888           DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
--------------------------------------------------------------------------------
    ------------------------------------------------------------------------ ----

     Review Date: 01/14/94                 Day of Review:  2
     Review Type: CONTINUED STAY REVIEW  Severity of Ill: GENERIC
       Specialty: MEDICINE              Intensity of Svc: GENERIC
     Methodology: INTERQUAL             Dschg Screen Met:
          Status: ENTERED               Acute Care Dschg:
  Last Edited By: GRAY,MARY ELLEN
Next Review Date:
Comment:

                              ----------------------------------

     Review Date: 01/13/94                Severity of Ill: GENERIC
     Review Type: ADMISSION REVIEW      Intensity of Svc: GENERIC
       Specialty: MEDICINE                  Criteria Met: YES
     Methodology: INTERQUAL              Prov. Intervwed:
          Status: ENTERED                Dec. Influenced:
  Last Edited By: GRAY,MARY ELLEN
Next Review Date:
Comment:

                              ----------------------------------
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Days Denied Report

INTRODUCTION

This report can print a summary or detailed listing of denials. It can be sorted by patient, attending physician, or bed service (i.e., surgery, psychiatry, medicine). The summary report shows the number of denials, the total days denied, the dollar amount of the denials, and the days won on appeal by service.

This report is formatted to print at 132 columns.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Days Denied Report

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Denied Days Report


Print Summary Only? YES// n  NO


Print Report By [P]atient  [A]ttending  [S]ervice: P// <RET>ATIENT

Start with DATE: t-60  (DEC 12, 1993)
Go to DATE: t  (FEB 10, 1994)


You will need a 132 column printer for this report!

DEVICE: HOME// A138-16/6/UP  KYOCERA PRINTER    RIGHT MARGIN: 132// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

MCCR/UR DENIED DAYS Report for Reviews Dated Dec 12, 1993 to Feb 10, 1994 Page 1 Feb 10, 1994@14:55:10

Patient	Pt. ID	Dates of Care	Attending	Dates Denied	Denial Reason	Appealed	Days Approved on Appeal
GRAY,JOHN E	222-33-8888	01/13/94	12114	01/21/94 to 01/31/94 (11)	TREATMENT PROVIDED NOT CO	YES	0
MALONE,SAM	555-84-1234	01/13/94	1	01/14/94 to 01/14/94 (1)	NOT MEDICALLY NECESSARY	NO	0

			12				

MCCR/UR DENIED DAYS Summary Report for Reviews Dated Dec 12, 1993 to Feb 10, 1994 Page 2 Feb 10, 1994@14:55:10

Service	Number Denials	Days Denied	Amount Denied	Days won on Appeal	Maximum Billing Rate
MEDICINE	1	11	$9,097	0	$827
SURGERY	1	1	$1,164	0	$1,164

		12			

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Inquire to Claims Tracking

INTRODUCTION This option will display or print stored information about a single visit. You are prompted to select a patient and the Claims Tracking entry you wish to view/print. Visit, billing, and insurance information is provided, as well as all reviews performed. This output is less detailed than the Claims Tracking Summary for Billing option, and does not contain the word processing fields from the reviews.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Inquire to Claims Tracking

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
Select PATIENT NAME: gray,john
   1   GRAY,JOHN       12-26-62     023487658       NSC VETERAN
   2   GRAY,JOHN E       01-01-40     222338888     YES     NSC VETERAN
CHOOSE 1-2: 2  GRAY,JOHN E       01-01-40     222338888     YES     NSC
VETERAN


CHOOSE FROM:
   500359     GRAY,JOHN E     01-13-94     URGENT     INPATIENT ADMISSION

Select VISIT: 500359// <RET>          GRAY,JOHN E     01-13-94     URGENT
INPATIENT ADMISSION

DEVICE: HOME// <RET>  LAT    RIGHT MARGIN: 80// <RET>


Claim Tracking Inquiry                          Page 1  Jan 14, 1994@15:55:54
GRAY,JOHN E                 222-33-8888          DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
------------------------------------------------------------------------------
 Visit Information
    Visit Type: INPATIENT ADMISSION          Visit Billable: YES
Admission Date: JAN 13,1994@09:30:35         Second Opinion: NOT REQUI RED
          Ward: 11-B MEDICINE XREF           Auto Bill Date:
     Specialty: MEDICINE                    Special Consent: ROI OBTAINED
Discharge Date:                             Special Billing: FEDERAL OWCP

  Billing Information
  Initial Bill:                          Estimated Recv (Pri): $
   Bill Status:                          Estimated Recv (Sec): $
 Total Charges: $        0               Estimated Recv (ter): $
   Amount Paid: $        0                 Means Test Charge s: $

Press RETURN to continue or '^' to exit: <RET>
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Inquire to Claims Tracking

EXAMPLE, cont.

```
Claim Tracking Inquiry                          Page 2  Jan 14, 1994@15:55:5 4
GRAY,JOHN E                 222-33-8888            DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
--------------------------------------------------------------------------------

  Insurance Review Information
    Type Review: INITIAL APPEAL              Review Date: 01/17/94
    Appeal Type: ADMINISTRATIVE           Insurance Co.: AETNA
    Case Status: OPEN                   Person Contacted: Mary Smith
No Days Pending: 3                        Contact Method: Letter
  Final Outcome:                       Call Ref. Number:
                                                Status: COMPLETE
                                      Last Edited By:

    Type Review: CONTINUED STAY REVIEW       Review Date: 01/16/94
         Action: DENIAL                   Insurance Co.: AETNA
    Denied From: 01/17/94               Person Contacted: June Jones
      Denied To: 01/20/94                 Contact Method: PHONE
 Denial Reasons: NOT MEDICALLY NECESSAR Call Ref. Number: 88888SS
 Denial Reasons: TREATMENT PROVIDED NOT           Status: COMPLETE
                                      Last Edited By: SKINNER,ALAN


Press RETURN to continue or '^' to exit: <RET>


Claim Tracking Inquiry                            Page 3  Jan 14, 1994@15:55:54
GRAY,JOHN E                 222-33-8888            DOB: Jan 01, 1940
INPATIENT ADMISSION on Jan 13, 1994@09:30:35
--------------------------------------------------------------------------------
    Type Review: URGENT/EMERGENT ADMIT       Review Date: 01/14/94
         Action: APPROVED                 Insurance Co.: AETNA
Authorized From: 01/13/94               Person Contacted: Mary Smith
  Authorized To: 01/18/94                 Contact Method: VOICE MAIL
Authorized Diag: 259.0 - DELAY SEXUAL D Call Ref. Number:  88889354A
   Auth. Number: 88889354A                       Status: COMPLETE
                                      Last Edited By: SKINNER,ALAN

  Hospital Review Information
     Review Date: 01/15/94                Day of Review:  3
     Review Type: CONTINUED STAY REVIEW  Severity of Ill: Generic
       Specialty: MEDICINE              Intensity of Svc: Generic
     Methodology: INTERQUAL             Non-Acute Reason:
          Status: ENTERED
  Last Edited By: SKINNER,ALAN


Press RETURN to continue or '^' to exit: <RET>
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
MCCR/UR Summary Report

INTRODUCTION This report prints a summary of hospital activity by either admission or discharge for a specified date range including the number of reviews. If sorted by discharge, only reviews for discharges for the date range are counted. Included is a Penalty Report and, if appropriate, a Days Approved Report, and a Days Denied Report, all sorted by specialty.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
MCCR/UR Summary Report

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type. A sample report is provided on the following page.

```
MCCR/UR Summary Report


Print Report By [A]dmissions  [D]ischarges: D// <RET>ischarges

Start with DATE: T-180  (AUG 18, 1993)
Go to DATE: T  (FEB 14, 1994)

DEVICE: HOME// A138  KYOCERA PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
MCCR/UR Summary Report

EXAMPLE, cont.

MCCR/UR SUMMARY REPORT
for
ALBANY (500)

for Discharges
From: AUG 18, 1993
To: FEB 14, 1994

Date Printed: FEB 14, 1994
Page: 1

Total Discharges:	29
Total Discharges with Insurance:	5
Total Billable Discharges:	4
Total Discharges Requiring Reviews:	4
Total Discharges Reviewed:	4
Total Discharges Reviewed, Multi Carrier:	0
Total Reviews Done:	5
Number of Days Approved:	10
Amount Collectible Approved for Billing:	$3,370
Number of Days Denied:	4
Amount Denied for Billing:	$1,348
Total Cases Appealed:	0
Number of Initial Appeals:	0
Number of Subsequent Appeals:	0

Penalty Report:	Number of cases	Dollars
No Pre Admission Certification:	0	$0
Untimely Pre Admission Certification:	0	$0
VA a Non-Provider:	0	$0

Reason Not Billable Report:	Reason	Count
	OTHER	1

Days Approved by Specialty:	Specialty	No. Days	Dollars
	ALCOHOL	10	$3,370

Days Denied by Specialty:	Specialty	No. Days	Dollars
	ALCOHOL	4	$1,348

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
List Visits Requiring Reviews

INTRODUCTION This option prints a list of visits that require either an insurance review, hospital review or both. Only visits that are admissions are included. It can be used to list the random sample cases being tracked for hospital reviews by selecting only hospital reviews for admissions to be included.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
List Visits Requiring Reviews

EXAMPLE
The following is an example of what might appear on your screen while using this option followed by a sample report. User responses appear in boldface type.

```
Print List of Visits Requiring Review

You will need a 132 column printer for this report!

Include [H]ospital Reviews  [I]nsurance Reviews  [B]oth: B// <RET>OTH

List Admissions Only? YES// n  NO
Start with DATE: 1/1/94   (JAN 01, 1994)
Go to DATE: t   (FEB 18, 1994)
  START WITH PATIENT: FIRST// <RET>
DEVICE: A138-16/6/UP  KYOCERA-DEVELOPER AREA    RIGHT MARGIN: 132// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

LIST OF VISITS FROM: 01/01/94 TO: 02/18/94 REQUIRING REVIEWS — FEB 18,1994 14:40 PAGE 1

PATIENT	PT. ID	WARD	VISIT TYPE	DATE	INS. CASE	RANDOM CASE	SPECIAL COND.	LOCAL CASE	HOSP REVIEWER	INS REVIEWER
CHARLES,SEAN	445-54-4554	8C ORTHO S	ADMIT	FEB 7,1994	YES	YES				COLLINS,DAVID
DERIAN,JOHN	762-12-0230	5D SURG	ADMIT	FEB 1,1994	YES	YES				SPAIN,JOHN
DERIAN,JOHN	762-12-0230		OUTPT	FEB 11,1994	YES					COLLINS,D AVID
ENGEL,GEORGE	097-143-307	7A(NHCU)	ADMIT	FEB 7,1994	NO	YES			BROWN,JANE	
GOFFY,DAVID	333-55-5444	6CN NEUROL	ADMIT	FEB 7,1994	NO	YES			PIERCE,JANES	
GRAY,JOHN E	222-33-8888	11-B MEDIC	ADMIT	JAN 13,1994	YES	YES	NONE	NO		SPAIN,JOHN
GRAVES,DAVID	022-33-4444	4A NURS	ADMIT	JAN 4,1994	NO	YES			KANE,MICHAEL	
HARPER,DAN	203-01-0101	6CN NEUROL	ADMIT	FEB 7,1994	NO	YES			PIERCE,JAMES	
JONES,DAVID	009-18-7867	6CN NEUROL	ADMIT	FEB 7,1994	NO	YES			PIERCE,JAMES	
KATZ,JAMES	122-38-4541		RxRefill	JAN 17,1994	YES					GAVIN,EDWARD
NATHAN,JOHN	088-66-5454		RxRefill	JAN 3,1994	YES					COLLINS,DAVID
PICARD,JOHN	123-34-3243	8CD SURG	ADMIT	FEB 7,1994	NO	YES			LYNCH,KATHER	
ROBERTS,ALONZO	010-66-2222		SCH ADM.	FEB 4,1994	YES	NO	COPD	NO		GAVIN,EDWARD
COUNT					7	9	1	0		

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Review Worksheet Print

INTRODUCTION This option is similar to the Review Worksheet action on the Insurance Review screen. A worksheet for a current inpatient can be printed containing demographic data and information about current room/bed, ward, and provider.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Review Worksheet Print

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type. A sample of the form is provided on the following page.

```
Print Insurance Review Worksheet

Select PATIENT NAME: GRAY,JOHN E       01-01-40     222338888     YES     NSC
VETERAN
DEVICE: HOME// A138-10/6/UP  KYOCERA PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Review Worksheet Print

EXAMPLE, cont.

```
                          INSURANCE REVIEW WORKSHEET
                                                        Feb 10, 1994@15:33:37

      Specialty: MEDICINE                          Ward: 11 -B MEDICINE XREF

           Name: GRAY,JOHN E              Insurance Co: AETNA
         Pt ID: 222-33-8888
           DOB: Jan 01, 1940

 Admission Date: JAN 13,1994@09:30:35          DC Date: _________  LOS: _____ _

   Attending MD: SMITH, JAY              Primary MD: KILDARE, RICHARD

 Complaint/Hist: _____________________________________________________________

                 _____________________________________________________________

      Treatment: _____________________________________________________________

                 _____________________________________________________________

 ================================================================================
 |Date    |Diagnosis                |Procedure                  |DRG   |LOS   |
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 |        |                         |                           |      |      |
 |________|_________________________|___________________________|______|______|
 ================================================================================
 |Insurance Contact: _____________________________  Phone: ____________________ |
 |_____________________________________________________________________________|
 |Date    |Comments (#day approved, next review date, etc.)                     |
 |        |                                                                     |
 |________|_____________________________________________________________________|
 |        |                                                                     |
 |________|_____________________________________________________________________|
 |________|_____________________________________________________________________|
 |________|_____________________________________________________________________|
 |        |                                                                     |
 |________|_____________________________________________________________________|
 ================================================================================

 Reviewer: _____________________________________  Date: ____________________
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Scheduled Admissions w/Insurance

INTRODUCTION This option prints a list of scheduled admissions in Claims Tracking for insured patients. Included are patients with past scheduled admissions and scheduled admissions up to three days into the future. This differs from the Scheduled Admission List from MAS, as it does not contain all scheduled admissions from MAS. Scheduled admissions are normally moved to Claims Tracking four days prior to the scheduled admission date so that reviews can be completed prior to admission. Included are the number and type of reviews performed and the insurance company actions.

This report is formatted to print at 132 columns.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Scheduled Admissions w/Insurance

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Scheduled Admissions Report


Start with DATE: t-10  (FEB 01, 1993)
Go to DATE: t  (FEB 11, 1994)

You will need a 132 column printer for this report!

DEVICE: HOME// <RET>  LAT    RIGHT MARGIN: 80// 132
```

```
Scheduled Admissions with Insurance                                                    Page 1  Feb 11, 1994@09:05:48
For Period beginning on 12/13/93 to 02/11/94
Patient                  Pt. ID         Adm. Date           Billable                  Ward           Type
-------------------------------------------------------------------------------------------------------------------
DERDERIAN,THOMAS         712-12-3035    12/23/93  1:00 pm    YES                       5D SURG        SCHEDULED
DYLAN,JOHN J             742-05-1110    12/24/93  2:40 pm    YES                       9D MED         SCHEDULED
KAGAN,PETER              097-14-3307    01/31/94 11:40 pm    YES                       2D CARD        SCHEDULED
ROBERTSON,ALONZO         010-66-2222    02/04/94 10:11 am    NO                        4 A NURS        SCHEDULED
SIMMONS,STEPHEN          112-12-1122    12/09/93  9:00 am    YES                       9D MED         SCHEDULED
SMITH,EDWARD             777-87-8877    02/01/94  2:52 pm    YES                       2B ICU         SCHEDULED

------------------
TOTAL = 6
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Single Patient Admission Sheet

INTRODUCTION This option allows you to print an admission sheet for a single visit (either the current admission or a selected admission) The admission sheet serves as a temporary cover sheet in the inpatient chart where reviewers and coders can make notes about the visit in summary form. If the facility chooses to have physicians sign the admission sheet, it can then be used as documentation to prepare inpatient bills prior to the signing of the discharge summary.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Single Patient Admission Sheet

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type. An example of the ouput follows.

```
Select PATIENT NAME:  GRAY,JOHN E   01-01-40  222338888  YES   NSC VETERAN

Print Admission Sheet for Current Adm. (JAN 13,1994@09:30:35)? YES//  <RET>

DEVICE: HOME// A138  A138-10/6/UP     RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
                              ADMISSION SHEET
                                 ALBANY VAMC
                               113 HOLLAND AVE
                                  ALBANY,NY

      Patient: GRAY,JOHN E                    Address: 222 SECOND ST.
        Pt ID: 222-33-8888
          Dob: JAN 1,1940
           SC: YES - 20%                                TROY, NY  12180
          Sex: MALE                              Phone:
-------------------------------------------------------------------------------
    Adm. Date: JAN 13,1994@09:30:35          Adm. Type : URGENT
     Provider: ROY,JERRY                     Specialty: MEDICINE
         Ward: 11-B MEDICINE XREF             Room/Bed:
    Adm. Diag: 259.0 - DELAY SEXUAL DEVELOP NEC
-------------------------------------------------------------------------------
     Employer:                               E-Cont.:


        Phone:                                  Phone:
-------------------------------------------------------------------------------
    Ins. Co 1: AETNA                            Phone: 555-432-4312
       Subsc.: GRAY,JOHN E                       Type: MAJOR MEDICAL EXPENS
    Subsc. ID: 222338888                        Group: 4446333
-------------------------------------------------------------------------------
    Date    Diagnosis                Procedure              Final   DRG  LOS
        |                        |                      |        |     |
    _____|_______________________|______________________|________|_____|_____
        |                        |                      |        |     |
    _____|_______________________|______________________|________|_____|_____
        |                        |                      |        |     |
    _____|_______________________|______________________|________|_____|_____
        |                        |                      |        |     |
    _____|_______________________|______________________|________|_____|_____
        |                        |                      |        |     |
    _____|_______________________|______________________|________|_____|_____

    Service Connected Conditions:                     Treated
    NONE STATED



I attest that these are the diagnoses and procedures for which  the
Patient was treated during this episode of care.

MD: ____________________________________    Date: ____________________

Patient: GRAY,JOHN E  222-33-8888                  Printed: MAR 18, 1994@13:18
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Pending Work Report

INTRODUCTION

This option will print a Pending Work List similar to the Pending Reviews option. The list can be sorted by who the review is assigned to, due date, patient, type of review, or by current ward of the patient, for either Insurance Reviews, Hospital Reviews, or both. This option will limit the list to those reviews that meet the sort criteria you have selected. A plus sign (+) before the patient's name indicates there is both a hospital and insurance review on the list for that patient.

This report is formatted to print at 132 columns.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Pending Work Report

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Pending Reviews Report


Sort Reviews By [A]ssigned to  [D]ue date  [P]atient  [T]ype  [W]ard: P// <RET>
ATIENT

Print [H]ospital Reviews  [I]Insurance Reviews  [B]oth: B// <RET>OTH


Start with DATE: t-10  (FEB 01, 1994)
Go to DATE: t  (FEB 11, 1994)

You will need a 132 column printer for this report!

DEVICE: HOME// A138-16/6/UP  KYOCERA    RIGHT MARGIN: 132// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
Pending Reviews Report for Division ALBANY                                    Page 1  Feb 11, 1994@09:44:52
For Period Feb 01, 1994 to Feb 11, 1994
Patient          Pt. ID Ward        Review Type            Due Date  Status    Assigned to   Visit   Date
-------------------------------------------------------------------------------------------------------------
+CHARLES,SEAN    4554   8C ORTHO SU Hosp Review-Admission  02/07/94  ENTERED   KAGAN,PETER   ADMIT   02/07/94 2:42 pm
DILLON,JAMES     3035   9D MED      Hosp Review-Admission  02/05/94  COMPLETE  Unassigned    ADMIT   12/23/93 1:00 pm
+DOOLEY,TOM      0230   2B ICU      Hosp Review-Admission  02/11/94  ENTERED   Unassigned    ADMIT   02/01/94 2:01 am
ENDICOTT,JOHN    1122   7A(NHCU)    Hosp Review-Admission  02/07/94  ENTERED   SMITH,JOHN    ADMIT   02/07/94 3:11 pm
GOFFY,DUANE      5444   6CN NEUROLO Hosp Review-Admission  02/07/94  ENTERED   SMITH,JOHN    ADMIT   02/07/94 11:38 a
+GRAY,JOHN E     8888   11-B MEDICI Hosp Review-CONT. STAY 02/06/94  ENTERED   JONES,JANE    ADMIT   01/13/94 9:30 am
HIGHBEE,ELMER    0101P  6CN NEUROLO Hosp Review-Admission  02/07/94  ENTERED   BROWN,DON     ADMIT   02/07/94 2:47 pm
JONES,DAVID      7867   6CN NEUROLO Hosp Review-Admission  02/07/94  ENTERED   JONES,JANE    ADMIT   02/07/94 2:51 pm
PICARD,JOHN      3243   8CD SURG    Hosp Review-Admission  02/07/94  ENTERED   Unassigned    ADMIT   02/07/94 3:47 pm
+CHARLES,SEAN    4554   8C ORTHO SU Ins. Review-URG ADM    02/07/94  ENTERED   Unassigned    ADMIT   02/07/94 2:42 pm
+DOOLEY,TOM      0230   2D ICU      Ins. Review-URG ADM    02/11/94  ENTERED   Unassigned    ADMIT   02/01/94 2:01 am
+GRAY,JOHN E     8888   11-B MEDICI Ins. Review-URG ADM    02/09/94  COMPLETE  KAGAN,PETER   ADMIT   01/13/94 9:30 am
+GRAY,JOHN E     8888   11-B MEDICI Ins. Review-1st Appeal 02/08/94  ENTERED   ADAMS,MARY    ADMIT   01/13/94 9:30 am
```

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Unscheduled Admissions w/Insurance

INTRODUCTION This option prints a list of patients who were insured on their admission date and were unscheduled admissions. In addition, it prints information about the number of reviews completed and the insurance company actions.

This report is formatted to print at 132 columns.

Due to the brevity of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Reports Menu (Claims Tracking)
Unscheduled Admissions w/Insurance

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Unscheduled Admissions Report


Start with DATE: t-10  (FEB 01, 1994)
Go to DATE: t  (FEB 11, 1994)

You will need a 132 column printer for this report!

DEVICE: HOME// A138   KYOCERO PRINTER    RIGHT MARGIN: 80// 132
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
Unscheduled Admissions with Insurance                                                    Page 1  Feb 11, 1994@1 0:05:06
For Period beginning on 02/01/94 to 02/11/94
Patient                  Pt. ID         Adm. Date            Billable                    Ward           Type
------------------------------------------------------------------------------------------------------------------
BOOK,JOHN                233-45-6711    09/01/93 5:07 pm     YES                         9D MED
BORDEAU,DOUGLAS          201-09-0842P   05/01/93 11:00 am    YES                         13B PSYCH
CHARLES,SEAN             445-54-4554    02/07/94 2:42 pm     YES                         8C ORTHO SUR   URGENT
DOOLEY,TOM               097-11-1122    02/07/94 11:38 a     YES                         2D ICU         URGENT
DYLAN,ROBERT             762-12-0230P   02/01/94 2:01 am     YES                         5D SURGICAL    URGENT
GRAY,JOHN E              222-33-8888    01/13/94 9:30 am     NO - NOT INSURED            11-B MEDICIN   URGENT
SMITH,DON B.             011-38-6551    08/18/93 7:55 am     YES                         11D MEDI CINE
SMITH,ROGER V            122-55-7799    07/01/93 10:18 am    YES                         11D MEDICINE
------------------
TOTAL = 8
```

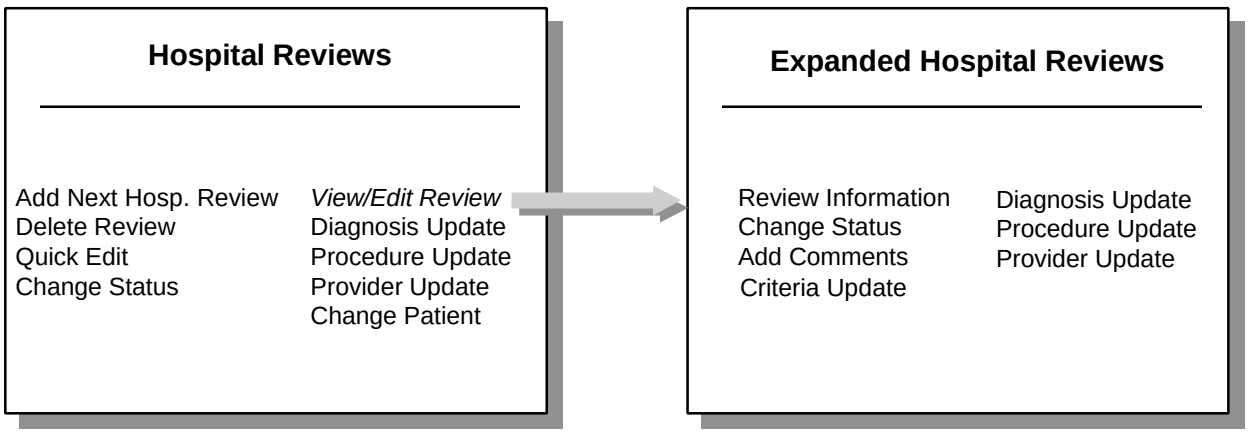
Claims Tracking Menu (Combined Functions)
Hospital Reviews

INTRODUCTION

This option is designed to allow the entry of the utilization management information required by the QualityManagement office. The Claims Tracking module will automatically identify a random sample of admissions (see the Claim Tracking Parameter Edit option) that require review. Hospital reviews are the application of Interqual criteria to determine if the admission or continued stay meets specific criteria. This module will allow entry of the category of criteria that was met for Severity of Illness and Intensity of Service or the reasons that criteria was not met. An entry for every day being reviewed is required. This can easily be accomplished by using the Add Next Review action which is designed to reduce the data entry time by duplicating the entries for days where the information is identical.

A national rollup of this data is scheduled to be released in early summer of 1994. Only reviews with a status of complete will be extracted.

The following chart shows the Claims Tracking Screens accessed through this option and the actions available on each screen. Actions shown in *italics* bring you to other screens (indicated by the arrows). Actions may not be shown in the order in which they actually appear on the screens.



Claims Tracking Menu (Combined Functions)
Hospital Reviews

INTRODUCTION cont.

About the Screens...

In the top left corner of each screen is the screen title. A plus sign (+) at the bottom left of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right on the screen. Available actions are displayed below the screen. Two question marks entered at any "Select Action" prompt displays all available actions for that screen. For more information on the use of the screens, please refer to the appendix at the end of this manual.

You may quit from any screen, which will bring you back one level or screen, or you may exit (this exits the option entirely and returns you to the menu).

Common Actions

The following are actions common to both screens accessed through this option. They are listed here to avoid duplication of documentation.

Change Status - This action allows you to quickly change the status of a review. Only completed reviews are used in the report preparation and by the MCCR NDB roll-up or the QM roll-up (which is tentatively scheduled for release in June, 1994).

Reviews have a status of ENTERED when automatically added. A status of PENDING may be used for those you are still working on or when one person does the data entry and another needs to review it.

Diagnosis Update - This action allows input of ICD-9 diagnoses for the patient. Whether diagnoses are input on this screen or another screen, they are available across the Claims Tracking module. You may enter an admitting diagnosis, primary (DXLS) diagnosis, secondary diagnosis and the onset date of the diagnosis for this admission. For outpatient visits this information is stored with the outpatient encounter information.

Claims Tracking Menu (Combined Functions)
Hospital Reviews

INTRODUCTION cont.

Procedure Update - This action allows the input of ICD-9 procedures for the patient. You may input the procedure and the date. This is a separate procedure entry from the PTF module and is optional for use.

Provider Update - This action allows you to input the admitting physician, attending physician, and care provider separate from the MAS information. The purpose is to provide a location to document the attending physician and to provide an alternate place to document individual physicians if the administrative record indicates teams, or vice versa.

Following is a list of the screens, the actions they provide, and a brief description of each action. Actions shown in *italics* access other screens.

Hospital Reviews Screen

Add Next Hosp. Review - This action will add the next review and automatically set it to either an admission review or continued stay review. The day for review and review date are automatically computed but can be edited. The category of severity of illness and intensity of service that was met can be entered; or if not met, the reason it wasn't met.

Delete Review - This action allows a hospital review to be deleted. If a review is automatically created, but the visit does not require reviews and follow-up with the insurance company, it can be deleted. Use care in exercising this action. It can be as important to document that no review is required as it is to document the required reviews.

Quick Edit - This action allows you to quickly edit all information about the review without leaving the Pending Review option.

View/Edit Review - This action allows access to the Expanded Hospital Reviews Screen.

Claims Tracking Menu (Combined Functions)
Hospital Reviews

INTRODUCTION cont.

Change Patient - This action allows you to change the selected patient without having to leave and reenter the option.

Expanded Hospital Reviews Screen

Review Information - This action allows you to enter/edit the type of review (admission or continued stay), review date, and the specialty and methodology for the review. There should be only one admission review (pre-certification or urgent/ emergent admission review) for an admission. Normally, reviews are done for UR purposes on days 3, 6, 9, 14, 21, 28, and every 7 days thereafter. (Usually, the INTERQUAL method is used as the methodology for UR required review. Insurance carriers may require other review methodologies.)

Add Comment - This action allows you to edit the word processing (comments) field in Hospital or Insurance Reviews without having to edit other fields.

Criteria Update - This action allows you to enter or edit data regarding criteria met/not met for an acute admission within 24 hours, such as the review date and methodology; severity of illness and intensity of service; and whether additional reviews are required

Due to the nature of this option, no process chart is provided.

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses are shown in boldface type.

```
Select Claims Tracking Menu (Combined Functions) Option: hr  Hospital Reviews
Select PATIENT NAME:  GRAY,JOHN E       01-01-40     222338888     YES     NSC
VETERAN

CHOOSE FROM:
   500363     GRAY,JOHN E     01-13-94     URGENT     INPATIENT ADMISSION

Select VISIT: 500363// <RET>          GRAY,JOHN E     01-13-94     URGENT
INPATIENT ADMISSION
```

```
Hospital Reviews              Feb 03, 1994 13:37:48          Page:    0 of    0
 Hospital Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                         for: INPATIENT ADMISSION on 01/13/94 9:30 am
    Review Date    Type       Ward      Status    Specialty   Day  Next Review
```

```
          Random Sample                                                  >>>
AN  Add Next Hosp. Review VE  View/Edit Review      CP  Change Patient
DR  Delete Review         DU  Diagnosis Update      EX  Exit
QE  Quick Edit            PU  Procedure Update
CS  Change Status         PV  Provider Update
Select Action: Quit// an   Add Next Hosp. Review

Adding an Admission Review
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
REVIEW DATE: JAN 14,1994// 1 13  (JAN 13, 1994)
SPECIALTY FOR REVIEW: MEDICINE// <RET>
REVIEW METHODOLOGY: INTERQUAL// <RET>
INTENSITY OF SERVICE: cardIOVASCULAR          03      ACUTE CARE  - BODY SYSTEM
SEVERITY OF ILLNESS: ?
 Answer with CLAIMS TRACKING SI/IS CATEGORIES NAME, or CODE
 Do you want the entire 23-Entry CLAIMS TRACKING SI/IS CATEGORIES LIST? Y  (YES)
Choose from:
   BLOOD/LYMPH/IMMUNE      02      ACUTE CARE  - BODY SYSTEM
   CARDIOVASCULAR      03      ACUTE CARE  - BODY SYSTEM
   CENTRAL NERVOUS SYSTEM/HEAD      04      ACUTE CARE  - BODY SYSTEM
   CRITICAL CARE (CARDIAC)      30      CRITICAL CARE
   CRITICAL CARE (NON CARDIAC)      31      CRITICAL CARE
   ENDOCRINE/METABOLIC      05      ACUTE CARE  - BODY SYSTEM
   EYE, EAR, NOSE, AND THROAT      06      ACUTE CARE  - BODY SYSTEM
   FEMALE REPRODUCTIVE      07      ACUTE CARE  - BODY SYSTEM
   FEMALE REPRODUCTIVE (PREGNANCY      16      ACUTE CARE  - BODY SYSTEM
   FEMALE REPRODUCTIVE (PREGNANCY      17      ACUTE CARE  - BODY SYSTEM
   GASTROINTESTINAL TRACT AND ABD      08      ACUTE CARE  - BODY SYSTEM
   GENITOURINARY      15      ACUTE CARE  - BODY SYSTEM
   LYMPHOMYELOID
   MALE REPRODUCTIVE
   MEDICAL DETOXIFICATION      14      ACUTE CARE  - OTHER
   MUSCULOSKELETAL/SPINE      09      ACUTE CARE  - BODY SYSTEM
   OBSERVATION      32      ACUTE CARE  - OTHER
   PERIPHERAL VASCULAR      10      ACUTE CARE  - BODY SYSTEM
   PSYCHIATRIC      11      ACUTE CARE  - OTHER
   RESPIRATORY/CHEST      12      ACUTE CARE  - BODY SYSTEM
   SKIN/CONNECTIVE TISSUE      13      ACUTE CARE  - BODY SYSTEM
   TELEMETRY      35      CRITICAL CARE
   zGENERIC (1995 OBSOLETE)      01
   zREHABILITATION (1995 OBSOLETE      33
   zSUBSTANCE ABUSE (1995 OBSOLET      34

SEVERITY OF ILLNESS: cardIOVASCULAR          03      ACUTE CARE  - BODY SYSTEM
CRITERIA MET IN 24 HOURS: YES
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
UTILIZATION REVIEW COMMENTS:
  1>Patient in severe pain.
  2><RET>
  3>Post surgical follow up required.  Estimate LOS is 4 days.
  4><RET>
EDIT Option: <RET>

--- Diagnosis ---

  1  259.0     DELAY SEXUAL DEVELOP NEC         01/13/94    ADMITTING
Enter 1 to Edit, or 'A' to Add: ^

REVIEW STATUS: COMPLETE// <RET>
Add Next Review? YES// y  YES


Is next Review exactly the Same? YES// y  YES


Adding a Continued Stay Review for Review Day 2.

Add Next Review? YES// y  YES


Is next Review exactly the Same? YES// n  NO


Adding a Continued Stay Review for Review Day 3.

REVIEW DATE: JAN 15,1994// <RET>
DAY FOR REVIEW: 3// <RET>
SPECIALTY FOR REVIEW: MEDICINE// <RET>
REVIEW METHODOLOGY: INTERQUAL// <RET>
INTENSITY OF SERVICE: cardIOVASCULAR          03      ACUTE CARE  - BODY SYSTEM
SEVERITY OF ILLNESS: cardIOVASCULAR          03      ACUTE CARE  - BODY SYSTEM
UTILIZATION REVIEW COMMENTS:
  1>Patient not doing well, consult to psych is recommended.
  2>^
EDIT Option: <RET>

REVIEW STATUS: COMPLETE// <RET>
Add Next Review? YES// n  NO
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
ADDITIONAL REVIEWS REQUIRED: YES
NEXT REVIEW DATE: JAN 17,1994// <RET>
ACUTE CARE DISCHARGE DATE: <RET>...
```

```
Hospital Reviews                Feb 03, 1994 13:49:45          Page:    1 of    1
 Hospital Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                         for: INPATIENT ADMISSION on 01/13/94 9:30 am
    Review Date    Type        Ward       Status     Specialty    Day  Next Review
1   01/15/94       CONT. STA   11-B ME    COMPLETE   MEDICINE      3   01/17/94
2   01/14/94       CONT. STA   11-B ME    COMPLETE   MEDICINE      2
3   01/13/94       Admission   11-B ME    COMPLETE   MEDICINE      1

          Random Sample                                                      >>>
AN  Add Next Hosp. Review VE  View/Edit Review      CP  Change Patient
DR  Delete Review         DU  Diagnosis Update      EX  Exit
QE  Quick Edit            PU  Procedure Update
CS  Change Status         PV  Provider Update
Select Action: Quit// ve   View/Edit Review
Select Review(s):  (1-3): 1........
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Expanded Hospital Reviews     Feb 03, 1994 13:55:38          Page:    1 of    3
Expanded Review for: GRAY,JOHN E G8888   ROI:OBTAINED
                for: CONTINUED STAY REVIEW on 01/15/94


  Visit Information                          Review Information
     Visit Type: INPATIENT ADMISSION           Review Type: CONTINUED STAY REVI
 Admission Date: JAN 13,1994@09:30:35           Review Date: 01/15/94
           Ward: 11-B MEDICINE XREF               Specialty: MEDICINE
      Specialty: MEDICINE                       Methodology: INTERQUAL
                                                Ins. Action:


  Criteria Information
    Day of Review:  3
  Severity of Ill: CARDIOVASCULAR
 Intensity of Svc: CARDIOVASCULAR
   Apply all Days:
 Non-Acute Reason:
   No. Acute Days:
   Non-Acute Days:

+         Enter ?? for more actions
RI  Review Information    CU  Criteria Update       PV  Provider Update
CS  Change Status         DU  Diagnosis Update      EX  Exi t
AC  Add Comments          PU  Procedure Update
Select Action: Next Screen// <RET>
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Expanded Hospital Reviews     Feb 03, 1994 13:58:13          Page:    2 of    3
Expanded Review for: GRAY,JOHN E G8888   ROI:OBTAINED
                for: CONTINUED STAY REVIEW on 01/15/94
+
  Status Information                          Clinical Information
    Review Status: ENTERED                        Provider: ROY,JERRY
       Entered by: SKINNER,ALAN             Admitting Diag: 101.0 - VINCENTS ANG
       Entered on: 01/14/94 2:51 pm          Primary Diag:
     Completed by: SKINNER,ALAN             1st Procedure: 89.44  - CARDIAC STRE
     Completed on: 01/14/94 2:53 pm         2nd Procedure:
 Next Review Date: 01/17/94                   Interim DRG: 0  -  on
                                             Estimate ALOS:    0.0
                                            Days Remaining:    0.0

  Review Comments
   Patient not doing well, consult to psych is recommended.
+         Enter ?? for more actions
RI  Review Information    CU  Criteria Update       PV  Provider Update
CS  Change Status         DU  Diagnosis Update      EX  Exit
AC  Add Comments          PU  Procedure Update
Select Action: Next Screen// -    -
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Expanded Hospital Reviews     Feb 03, 1994 14:09:46          Page:    2 of    3
Expanded Review for: GRAY,JOHN E G8888   ROI:OBTAINED
                for: CONTINUED STAY REVIEW on 01/15/94
+
-------------------------------------------------------------------------------

  Visit Information                          Review Information
     Visit Type: INPATIENT ADMISSION           Review Type: CONTINUED STAY REVI
 Admission Date: JAN 13,1994@09:30:35          Review Date: 01/15/94
           Ward: 11-B MEDICINE XREF              Specialty: MEDICINE
      Specialty: MEDICINE                      Methodology: INTERQUAL
                                               Ins. Action:


  Criteria Information
    Day of Review:  3
  Severity of Ill: CARDIOVASCULAR
 Intensity of Svc: CARDIOVASCULAR
   Apply all Days:
 Non-Acute Reason:
   No. Acute Days:
-------------------------------------------------------------------------------
+         Enter ?? for more actions
-------------------------------------------------------------------------------
RI  Review Information    CU  Criteria Update       PV  Provider Update
CS  Change Status         DU  Diagnosis Update      EX  Exit
AC  Add Comments          PU  Procedure Update
Select Action: Next Screen// ri   Review Information


TYPE OF REVIEW: CONTINUED STAY REVIEW// <RET>
REVIEW DATE: JAN 15,1994// <RET>
SPECIALTY FOR REVIEW: MEDICINE// <RET>
REVIEW METHODOLOGY: INTERQUAL// <RET>
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Expanded Hospital Reviews     Feb 03, 1994 14:12:18          Page:    1 of    3
Expanded Review for: GRAY,JOHN E G8888   ROI:OBTAINED
                for: CONTINUED STAY REVIEW on 01/15/94


  Visit Information                          Review Information
     Visit Type: INPATIENT ADMISSION           Review Type: CONTINUED STAY REVI
 Admission Date: JAN 13,1994@09:30:35          Review Date: 01/15/94
           Ward: 11-B MEDICINE XREF              Specialty: MEDICINE
      Specialty: MEDICINE                      Methodology: INTERQUAL
                                               Ins. Action:


  Criteria Information
    Day of Review:  3
  Severity of Ill: CARDIOVASCULAR
 Intensity of Svc: CARDIOVASCULAR
   Apply all Days:
 Non-Acute Reason:
   No. Acute Days:
+         Enter ?? for more actions
RI  Review Information    CU  Criteria Update       PV  Provider Update
CS  Change Status         DU  Diagnosis Update      EX  Exit
AC  Add Comments          PU  Procedure Update
Select Action: Next Screen// cr   Criteria Update


REVIEW DATE: JAN 15,1994// <RET>
DAY FOR REVIEW: 3// <RET>
SPECIALTY FOR REVIEW: MEDICINE// <RET>
REVIEW METHODOLOGY: INTERQUAL// <RET>
INTENSITY OF SERVICE: MALE REPRODUCTIVE// <RET>
SEVERITY OF ILLNESS: MALE REPRODUCTIVE// <RET>
UTILIZATION REVIEW COMMENTS:
  1>Patient not doing well, consult to psych is recommended.
EDIT Option: <RET>
ADDITIONAL REVIEWS REQUIRED: YES// ^........
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Expanded Hospital Reviews     Feb 03, 1994 14:15:38          Page:    1 of    3
Expanded Review for: GRAY,JOHN E G8888   ROI:OBTAINED
                for: CONTINUED STAY REVIEW on 01/15/94


  Visit Information                          Review Information
     Visit Type: INPATIENT ADMISSION           Review Type: CONTINUED STAY REVI
 Admission Date: JAN 13,1994@09:30:35          Review Date: 01/15/94
           Ward: 11-B MEDICINE XREF              Specialty: MEDICINE
      Specialty: MEDICINE                      Methodology: INTERQUAL
                                               Ins. Action:


  Criteria Information
    Day of Review:  3
  Severity of Ill: CARDIOVASCULAR
 Intensity of Svc: CARDIOVASCULAR
   Apply all Days:
 Non-Acute Reason:
   No. Acute Days:
+         Enter ?? for more actions
RI  Review Information    CU  Criteria Update       PV  Provider Update
CS  Change Status         DU  Diagnosis Update      EX  Exit
AC  Add Comments          PU  Procedure Update
Select Action: Next Screen// <RET>   NEXT SCREEN
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Expanded Hospital Reviews     Feb 03, 1994 14:16:43          Page:    2 of    3
Expanded Review for: GRAY,JOHN E G8888   ROI:OBTAINED
                for: CONTINUED STAY REVIEW on 01/15/94
+
   Non-Acute Days:

  Status Information                          Clinical Information
    Review Status: ENTERED                         Provider:
       Entered by: SKINNER,ALAN             Admitting Diag: 101.0  - VINCENTS ANG
       Entered on: 01/14/94 2:51 pm           Primary Diag:
     Completed by: SKINNER,ALAN              1st Procedure: 89.44  - CARDIAC STRE
     Completed on: 01/14/94 2:55 pm          2nd Procedure:
 Next Review Date: 01/17/94                    Interim DRG: 0 -  on
                                              Estimate ALOS:    0.0
                                             Days Remaining:    0.0

  Review Comments
   Patient not doing well, consult to psych is recommended.
+         Enter ?? for more actions
RI  Review Information    CU  Criteria Update       PV  Provider Update
CS  Change Status         DU  Diagnosis Update      EX  Exit
AC  Add Comments          PU  Procedure Update
Select Action: Next Screen// quit   QUIT  ...
```

Claims Tracking Menu (Combined Functions)
Hospital Reviews

EXAMPLE, cont.

```
Hospital Reviews                Feb 03, 1994 15:41:24          Page:    1 of    1
 Hospital Review Entries for: GRAY,JOHN E G8888   ROI: OBTAINED
                         for: INPATIENT ADMISSION on 01/13/94 9:30 am
    Review Date    Type       Ward      Status     Specialty   Day  Next Review
1   01/15/94       CONT. STA  11-B ME   COMPLETE   MEDICINE     3   01/17/94
2   01/14/94       CONT. STA  11-B ME   COMPLETE   MEDICINE     2
3   01/13/94       Admission  11-B ME   COMPLETE   MEDICINE     1

          Random Sample                                                    >>>
AN  Add Next Hosp. Review VE  View/Edit Review      CP  Change Patient
DR  Delete Review         DU  Diagnosis Update      EX  Exit
QE  Quick Edit            PU  Procedure Update
CS  Change Status         PV  Provider Update
Select Action: Quit// <RET>   QUIT  .
```

Third Party Joint Inquiry

INTRODUCTION

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens.

Because the same actions are available on most screens, and most screens can be accessed from any other screen; these "Common Actions" are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. EXIT returns you to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Actions shown in italics access other screens.

Common Actions

BC Bill Charges - Accesses the Bill Charges screen.

DX Bill Diagnoses - Accesses the Bill Diagnoses screen.

PR Bill Procedures - Accesses the Bill Procedures screen.

CI Go to Claim Screen - Returns you to the Claim Information screen. Available on all screens that may be opened from the Claim Information screen.

AR Account Profile - Accesses the AR Account Profile screen.

CM Comment History - Accesses the AR Comment History screen.

IR Insurance Reviews - Accesses the Insurance Reviews/ Contacts screen.

Third Party Joint Inquiry

INTRODUCTION cont.

HS Health Summary - Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display/Edit option.

AL Go to Active List - Returns you to the Third Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns you to the menu.

VI Insurance Company - Accesses the Insurance Company screen.

VP Policy - Accesses the Patient Policy Information screen.

AB Annual Benefits - Accesses the Annual Benefits screen.

EL Patient Eligibility - Accesses the Patient Eligibility screen.

EX Exit Action - Exits the option.

Third Party Active Bills Screen

This is the first screen displayed if you enter a patient name at the first prompt of this option. It lists all active third party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third Party Billing module can be found on this screen or the Inactive Bills screen.

Actions

IL Inactive Bills - Accesses the Inactive Bills screen.

PI Patient Insurance - Accesses the Patient Insurance screen.

CP Change Patient - Allows you to choose another patient and re-displays the Third Party Active Bills screen for that patient.

Third Party Joint Inquiry

INTRODUCTION cont.

Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third Party Billing module are found on this screen or the Third Party Active Bills screen. Bills are displayed beginning with most recent "statement from" date.

Actions

CD Change Dates - Allows you to change the bills listed by changing the most recent "statement from" date to be displayed.

Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third Party Active Bills screen.

Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry, and many actions are provided to expand on the details of the claim.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Actions

CB Change Bill - Allows you to change the bill being displayed. If you entered a patient name at the first prompt of this option, only bills for that patient may be selected. If you entered a bill number at the first prompt, any bill may be selected.

Third Party Joint Inquiry

INTRODUCTION cont.

Bill Charges Screen
This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42-49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

Bill Diagnosis Screen
This screen displays all diagnoses assigned to the bill, in the order they are printed on the bill.

Bill Procedures Screen
This screen lists all procedures assigned to a bill, in the order they are printed on the bill.

AR Account Profile Screen
This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

Actions

VT Transaction Profile - Accesses the AR Transaction Profile screen for a selected transaction.

AR Transaction Profile Screen
This screen displays detailed account transaction information for individual claim transactions. It is is loosely based on the Accounts Receivable Transaction Profile option.

Third Party Joint Inquiry

INTRODUCTION cont.

AR Comment History Screen
This screen displays AR comments for the claim's account.

Actions

AD Add AR Comment - Allows you to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

Insurance Reviews/Contacts Screen
This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews/Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Actions

VR Reviews/Appeals - Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals/Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

Expanded Appeals/Denials Screen
This screen displays expanded information on insurance appeals and denials listed on the Insurance Review/Contacts screen. This screen is based on the Expanded Appeals/Denials screen of the Claims Tracking Appeal/Denial Edit option.

Expanded Insurance Reviews Screen
This screen displays expanded information on insurance reviews listed on the Insurance Reviews/Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

Third Party Joint Inquiry

INTRODUCTION cont.

Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

Third Party Joint Inquiry

INTRODUCTION cont.

Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third Party Active Bills screen and the bill specific screens.

If this screen is accessed from one of the bill specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are available as actions from this screen; and you must return to a previous screen to access other screens.

Due to the nature of this option, no process chart is provided.

Third Party Joint Inquiry

EXAMPLE

The following examples show the various screens available through this option.

Third Party Active Bills May 31, 1995 @10:07:11 Page 1 of 1

JONES,ANDREW A9281 NSC

Bill #		From	To	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1 L10263		04/20/92	04/20/92	OP	BI	REIM INS	HEALTH	0.00	0.00
2 L10270		04/20/92	04/24/92	OP	PC	REIM INS	HEALTH	698.30	698.30
3 N10072	*	11/16/93	11/17/93	OP	N	REIM INS	+ HEALTH	199.00	199.00
4 N10094		02/16/94	02/16/94	OP	PC	REIM INS	+ HEALTH	196.00	196.00
5 N10123	*	03/01/94	03/15/94	OP	BI	REIM INS	+ HEALTH	0.00	0.00
6 N10150	*	03/14/94	03/15/94	OP	BI	REIM INS	+ AETNA	0.00	0.00
7 N10173	*	03/02/94	03/03/94	OP	BI	REIM INS	AETNA	0.00	0.00
8 N10174	*	03/06/94	03/07/94	OP	N	REIM INS	AETNA	356.00	356.00
9 N10222		05/01/94	05/31/94	IP-F	BI	REIM INS	HEALTH	0.00	0.00
10 N10236		06/01/94	06/05/94	IP-L	BI	REIM INS	HEALTH	0.00	0.00
11 N10273	*	03/03/94	03/31/94	IP-F	A	REIM INS	+ HEALTH	11221.00	856.45
12 N10275		08/30/94	09/30/94	IP	BI	REIM INS	AETNA	0.00	0.00

\+ | * Cat C Charges on Hold | + 2nd/3rd Carrier |

CI Claim Information IL Inactive Bills PI Patient Insurance
CP Change Patient HS Health Summary EL Patient Eligibility
Select Action: Next Screen//

Inactive Bills May 17, 1996 13:30:26 Page: 1 of 2

JONES,ANDREW A9281 ** All Inactive Bills ** (9)

Bill #		From	To	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1 N10397		06/01/94	06/05/94	IL-L	CC	REIM INS	+ AETNA	935.00	0.00
2 N10198		06/01/94	06/05/94	IP-L	CB	REIM INS	+ HEALTH	0.00	0.00
3 N10212		05/07/94	05/12/94	IP-C	CB	REIM INS	HEALTH	0.00	0.00
4 N10148	*	03/02/94	03/03/94	OP	CB	REIM INS		0.00	0.00
5 N10162	*	03/02/94	03/03/94	OP	CB	REIM INS		0.00	0.00
6 N10095		02/16/94	02/16/94	OP	CB	REIM INS		0.00	0.00
7 L10260		04/14/92	04/20/92	OP-F	CB	REIM INS	AETNA	1026.02	1026.02
8 L00389		02/08/90	02/08/90	OP	CC	REIM INS	BC/BS	26.00	0.00
9 00036A		02/07/90	02/07/90	OP	CC	REIM INS	BC/BS	26.00	0.00

\+ |* Cat C Charges on Hold |+ 2nd/3rd Carrier |

CI Claim Information AL Go to Active List CD Change Dates
EX Exit Action
Select Action: Next Screen//

Third Party Joint Inquiry

EXAMPLE, cont.

```
Claim Information              May 17, 1996 13:44:58          Page:    1 of    2
N10072   JONES,ANDREW  A9281            DOB: 5/22/50   Subsc ID: 9849333

      Insurance Demographics                    Subscriber Demographics
  Carrier Name:  HEALTH INS LIMITED          Group Number:  GN 48923222
 Claim Address:  789 3RD STREET                Group Name:
                 ALBANY, NY 44438           Subscriber ID:  9849333
   Claim Phone:  333-444-5676                     Employer:  Snow Movers
                                             Insured's Name:  JONES,ANDREW
                                              Relationship:  PATIENT

                              Claim Information
     Bill Type:  OUTPATIENT                 Service Dates:  11/16/93 - 11/17/93
    Time Frame:  ADMIT THRU DISCHARGE CLAIM Date Entered:  12/23/93
     Rate Type:  REIMBURSABLE INS             Orig Claim:  199.00
     AR Status:  NEW BILL                   Balance Due:  199.00
     Secondary:  AETNA

       Entered:  12/23/93  by   Gray,John
    Authorized:  01/04/94  by   Smith,Jane
 First Printed:  01/04/94  by   Smith,Jane
  Last Printed:  04/01/94  by   Brown,Deb
+         Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Next Screen//
```

```
Patient Insurance              May 31, 1995 @10:07:11         Page 1 of   1
Insurance Management for Patient: JONES,ANDREW     A9281
  Insurance Co.    Type of Policy  Group        Holder   Effect.     Expires
1 HEALTH INS LTD                  GN 48923222  SELF     01/01/87
2 AETNA            MAJOR MEDICAL  AE 76899354  SPOUSE   10/1/90     19/30/95
3 PRUDENTIAL       INDEMNITY      T109         OTHER    10/1/94     01/01/95
4 BC/BS            MAJOR MEDICAL  GN 392043    SELF     01/01/90    12/31/92


VI  Insurance Company          VP Policy          AB  Annual Benefits
AL  Go to Active List                             EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Charges                    May 31, 1995 @10:07:11              Page 1 of 1
N10072  JONES,ANDREW     A9281  DOB: 5/22/50              Subsc ID: 9849333
11/16/93 - 11/17/93        ADMIT THRU DISCHARGE          Orig Amt:    199.00
-------------------------------------------------------------------------------

      OUTPATIENT VISIT
500   OUTPATIENT SVS          178.00         1                 178.00
      PRESCRIPTION
257   DRGS/NONSCRPT            21.00         1                  21.00

001   TOTAL CHARGE                                             199.00

      OP VISIT DATE(S) BILLED:          NOV 16, 1993

      PRESCRIPTION REFILLS:
      30948          NOV 17, 1993       ABBOCATH-T 18G 1.25 IN
                                        QTY: 20 for 10 days supply

Bill Remark:  This is a demonstration bill created for Joint Billing Inquiry.

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Charges                    May 31, 1995 @10:07:11              Page 1 of 1
N10273  JONES,ANDREW     A9281  DOB: 5/22/50              Subsc ID:  9849333
03/02/94 - 03/31/94        INTERIM - FIRST CLAIM         Orig Amt: 11221.00
-------------------------------------------------------------------------------

30 DAYS INPATIENT CARE
      INTERMEDIATE CARE
101   ALL INCL R&B           246.00          30            7380.00
240   ALL INCL ANCIL          48.00          30            1440.00
960   PRO FEE                 49.00          30            1470.00
274   PROSTH/ORTH DEV        931.00          1              931.00

001   TOTAL CHARGE                                        11221.00

      PROSTHETIC ITEMS:
      Sep 18, 1994  WHEELCHAIR
      Sep 21, 1994  CANE-ALL OTHER

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Pat ient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Diagnosis                 May 17, 1996 14:07:56         Page:    1 of    1
N10072   JONES,ANDREW  A9281           DOB: 5/22/50      Subsc ID: 9849333
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:    199.00
-------------------------------------------------------------------------------

      1)  490.     BRONCHITIS NOS
      2)  030.1    TUBERCULOID LEPROSY
      3)  101.     VINCENT'S ANGINA
      4)  330.1    CEREBRAL LIPIDOSES
      5)  461.0    AC MAXILLARY SINUSITIS
      6)  310.0    FRONTAL LOBE SYNDROME
      7)  200.01   RETICULOSARCOMA HEAD

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
Bill Procedures                May 17, 1996 14:12:58         Page:    1 of    1
N10072   JONES,ANDREW  A9281           DOB: 5/22/50      Subsc ID: 9849333
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:    199.00
-------------------------------------------------------------------------------

 11000   SURGICAL CLEANSING OF SKIN      11/16/93
 11001   ADDITIONAL CLEANSING OF SKIN    11/16/93
 12001   REPAIR SUPERFICIAL WOUND(S)     11/16/93

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
AR Account Profile            May 31, 1995 @10:07:11        Page:    1 of    1
N10273   JONES,ANDREW     A9281           DOB: 5/22/50   Subsc ID:  9849333
AR Status: ACTIVE         Orig Amt:    11221.00       Balance Due:  856.45

             04/01/94     IB Status:  Printed  (Last)     11221.00  11221.00
1   1578     05/07/94     PAYMENT (IN PART)                7856.21   3364.79
2   1598     07/07/94     PAYMENT (IN PART)                2508.34    856.45
3   1601     07/08/94     COMMENT                             0.00    856.45

    Total Collected:  10364.55
    Percent Collected:    92.37%
          Enter ?? for more actions
BC  Bill Charges          VT  Transaction Profile   VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
AR Transaction Profile        May 31, 1995 @10:07:11                Page 1 of 1
N10273   JONES,ANDREW     A9281  DOB: 5/22/50             Subsc ID:  9849333
AR Status:  ACTIVE             Orig Amt:    11221.00   Balance Due:  856.45

       TRANS. NO:  1578              TRANS. TYPE:  PAYMENT (IN PART)
     TRANS. DATE:  05/07/94          DATE POSTED:  05/10/94    (ARH)
   TRANS. AMOUNT:  7856.21             RECEIPT #:  D2982398

                                      BALANCE    COLLECTED
                                 ------------- ---------------
                  PRINCIPLE:          3364.79      7856.21
                  INTEREST:              0.00         0.00
                  ADMINISTRATIVE:        0.00         0.00
                  MARSHALL FEE:          0.00         0.00
                  COURT COST:            0.00         0.00
                                     --------    ---------
                  TOTAL:              3364.79      7856.21

        FY:  94            PR AMT: 3364.79            FY TR AMT: 7856.21

COMMENTS:   Date of Deposit: MAY 10, 1994

          Enter ?? for more actions
CI  Go to Claim Screen          AL Go to Active List         EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
AR Comment History            May 17, 1996 14:21:37         Page:    1 of    1
L10260   JONES,ANDREW     A9281        DOB: 5/22/50    Subs c ID:  AH33334
AR Status:  CANCELLED          Orig Amt: 1026.02       Balance Due: 1026.02

1582  04/21/92  Copy of bill sent.                 FOLLOW-UP DT:  05/12/92
                Carrier did not receive initial bill.

1594  05/20/92  Bill canceled, wrong form type.    FOLLOW-UP DT:  06/01/92
                Carrier refuses to process this type of bill on a UB-92.
                They are requiring the HCFA 1500 form.

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        AD  Add AR Comment        VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
Insurance Reviews/Contacts    May 31, 1995 @10:07:11        Page:    1 of    1
Insurance Review Entries for:  N10072     JONES,ANDREW     A9281
    Date       Ins. Co.           Type Contact       Action    Auth. No.  Days

    OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1   11/30/93   HEALTH INS LIMITED  1st Appeal-Clin    APPROVED  AU 39824
2   11/17/93   HEALTH INS LIMITED  OPT                DENIAL               0

    PRESCRIPTION REFILL of 30948 on 11/17/93
3   11/17/93   HEALTH INS LIMITED  OPT                APPROVED  RN 9384222

          Service Connected: NO   Previous Spec. Bills: TORT                >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History      VP  Policy
PR  Bill Procedures       VR  Reviews/Appeals       AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Expanded Appeals/Denials      May 31, 1995 @10:07:11              Page 1 of  2
Insurance Appeal/Denial for: JONES,ANDREW     A9281     ROI: NOT REQUIRED

          Visit Information                    Action Information
        Visit Type:  OUTPATIENT VISIT        Type Contact:  INITIAL APPEAL
        Visit Date:  03/09/94 9:00 am         Appeal Type:  CLINICAL
            Clinic:  AMBULATORY SURGERY       Case Status:  OPEN
      Appt. Status:  CHECKED OUT          No Days Pending:
        Appt. Type:  REGULAR                Final Outcome:
      Special Cond:

         Clinical Information              Appeal Address Information
          Provider:                         Ins. Co. Name:  HEALTH INS LIMITED
          Provider:                        Alternate Name:
         Diagnosis:                         Street line 1:  HIL - APPEALS OFFICE
         Diagnosis:                         Street line 2:  1099 THIRD AVE, SUITE
      Special Cond:                         Street line 3:
                                           City/State/Zip:  TROY, NY  12345

                      Insurance Policy Information
     Ins. Co. Name:  HEALTH INS LIMITED    Subscriber Name:  JONES,ANDREW
      Group Number:  GN 48923222             Subscriber ID:  9849333
  Whose Insurance:  VETERAN                 Effective Date:  01/01/87
   Pre-Cert Phone:  444-444-444 E          Expiration Date:

    User Information                      Contact Information
      Entered By:  SMITH,ALICE              Contact Date:  04/01/94
      Entered On:  11/16/93 3:30 pm    Person Contacted:  JANE,DOWNY
  Last Edited By:                        Contact Method:  PHONE
  Last Edited On:                       Call Ref. Number:  RN 3320944
                                             Review Date:  06/02/95

 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED

          Enter ?? for more actions                                      >>>
CI  Go to Claim Screen       AL Go to Active List    EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Expanded Insurance Reviews     May 31, 1995 @10:07:11          Page 1 of   2
Insurance Review Entries for:                          JONES,ANDREW     A9281
                    ROI: NOT REQUIRED

   Contact Information                    Action Information
     Contact Date:  11/17/93          Type Contact:  OUTPATIENT TREATMEN
 Person Contacted:  Steve             Opt Treatment:  RX REFILL
   Contact Method:  PHONE                     Action:  APPROVED
 Call Ref. Number:  RN 9384222        Auth. Number:  RN 9384222
      Review Date:  06/02/95

                        Insurance Policy Information
   Ins. Co. Name:  HEALTH INS LIMITED  Subscriber Name:  JONES,ANDREW
    Group Number:  GN 48923222           Subscriber ID:  9849333
 Whose Insurance:  VETERAN              Effective Date:  01/01/87
  Pre-Cert Phone:  933-3434            Expiration Date:

   Appeal Address Information           User Information
   Ins. Co. Name:  HEALTH INS LIMITED            Entered By: SMITH,ALICE
  Alternate Name:                                Entered On: 11/17/93 12:54 pm
   Street line 1:  HIL - APPEALS OFFICE       Last Edited By: SMITH,ALICE
   Street line 2:  1099 THIRD AVE, SUITE 301  Last Edited On: 11/20/93 12:55 pm
   Street line 3:
  City/State/Zip:  TROY, NY 12345

 Comments
 One refill of prescription approved.

 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                      >>>
CI  Go to Claim Screen        AL Go to Active List          EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.
Insurance Company Screen

Insurance Company May 17, 1996 15:25:42 Page: 1 of 5
Insurance Company Information for: HEALTH INS LIMITED Primary
Type of Company: HEALTH INSURANCE Currently Act ive

Billing Parameters

Signature Required?:	YES	Attending Phys. ID:	AT PH ID VAH500000
Reimburse?:	WILL REIMBURSE	Hosp. Provider No.:	
Mult. Bedsections:	YES	Primary Form Type:	
Diff. Rev. Codes:		Billing Phone:	
One Opt. Visit:	NO	Verification Phone:	
Amb. Sur. Rev. Code:		Precert Comp. Name:	ABC INSURANCE
Rx Refill Rev. Code:		Precert Phone:	444-444-4444 E
Filing Time Frame:			

Main Mailing Address

Street:	2345 CENTRAL AVENUE	City/State:	ALBANY, NY 12345
Street 2:	FREAR BUILDING	Phone:	456-1234
Street 3:		Fax:	848-4884

Inpatient Claims Office Information

Street:	2345 CENTRAL AVENUE	City/State:	ALBANY, NY 12345
Street 2:	FREAR BUILDING	Phone:	456-0392
Street 3:		Fax:	848-4432

Outpatient Claims Office Information

Street:	789 3RD STREET	City/State:	ALBANY, NY 12345
Street 2:		Phone:	333-444-5676
Street 3:		Fax:	333-444-9245

Third Party Joint Inquiry

EXAMPLE, cont.
Insurance Company Screen, cont.

```
              Prescription Claims Office Information
   Company Name:  GHI PROCESSING            Street 3:
         Street:  1933 CORPORATE DRIVE     City/State:  RIVERSIDE, NY 39332
       Street 2:  TANGLEWOOD PARK               Phone:  339-0000
            Fax:

                    Appeals Office Information
         Street:  HIL - APPEALS OFFICE     City/State:  TROY, NY 12345
       Street 2:  1099 THIRD AVE, SUITE 301     Phone:  436-1923
       Street 3:                                  Fax:  436-5464

                    Inquiry Office Information
         Street:  2345 CENTRAL AVENUE      City/State:  ALBANY, NY 12345
       Street 2:  FREAR BUILDING                Phone:  456-1923
       Street 3:                                  Fax:  848-5336
```

Remarks

Synonyms

```
          Enter ?? for more actions                                        >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Patient Policy Information     May 31, 1995 @10:07:11       Page:     1 of    3
Extended Policy Information for:   JONES,ANDREW   000-000-9281        Primary
HEALTH INS LIMITED Insurance Company                ** Plan Currently Active **

      Plan Information                          Insurance Company
  Is Group Plan:  YES                          Company:  HEALTH INS LIMITED
     Group Name:                                Street:  2345 CENTRAL AVENUE
   Group Number:  GN 48923222                 Street 2:  FREAR BUILDING
   Type of Plan:                              Street 3:
                                            City/State:  ALBANY, NY 12345

    Utilization Review Info                 Effective Dates & Source
         Require UR:                       Effective Date:  01/01/87
   Require Pre-Cert:                      Expiration Date:
   Exclude Pre-Cond:                       Source of Info:  INTERVIEW
Benefits Assignable:  YES

     Subscriber Information          Subscriber's Employer Information
   Whose Insurance:  VETERAN   Claims to Employer:  No, Send to Insurance
   Subscriber Name:  JONES,ANDREW        Company:
      Relationship:  PATIENT              Street:
  Insurance Number:  9849333           City/State:
  Coord.  Benefits:  PRIMARY                Phone:

        User Information                Insurance Contact (last)
       Entered By:  SMITH,ALICE       Person Contacted:
       Entered On:  09/07/93         Method of Contact:
 Last Verified By:  SMITH,ALICE        Contact's Phone:
 Last Verified On:  01/03/95              Contact Date:
  Last Updated By:  BROWN,NANCY
  Last Updated On:  04/06/94

 Comment -- Patient Policy
 None

 Comment -- Group Plan

 Personal Riders
    Rider #1:     EXTEND COVERAGE TO 365 DAYS
    Rider #2:     AMBULANCE COVERAGE

+         Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exi t Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Annual Benefits                May 17, 1996 15:39:23          Page:    1 of    3
Annual Benefits for: GHI Ins. Co                                          Primary
             Policy: GN 48923222                Ben Yr:  MAR 01, 1993
```

Policy Information

Max. Out of Pocket: $ 500
Ambulance Coverage (%): 85 %

Inpatient

Annual Deductible:	$ 500	Drug/Alcohol Lifet. Max:	$
Per Admis. Deductible:	$ 100	Drug/Alcohol Annual Max:	$
Inpt. Lifetime Max:	$	Nursing Home (%):	
Inpt. Annual Max:	$	Other Inpt. Charges (%):	
Room & Board (%):			

Outpatient

Annual Deductible:	$ 50	Surgery (%):	
Per Visit Deductible:	$ 50	Emergency (%):	85%
Lifetime Max:	$	Prescription (%):	80%
Annual Max:	$	Adult Day Health Care?:	UNK
Visit (%):		Dental Cov. Type:	PERCENTAGE AMOU
Max Visits Per Year:		Dental Cov. (%):	48%

Mental Health Inpatient

MH Inpt. Max Days/Year:	
MH Lifetime Inpt. Max:	$
MH Annual Inpt. Max:	$
Mental Health Inpt. (%):	

Mental Health Outpatient

MH Opt. Max Days/Year:	
MH Lifetime Opt. Max:	$
MH Annual Opt. Max:	$
Mental Health Opt. (%):	

Home Health Care

Care Level:	
Visits Per Year:	
Max. Days Per Year:	
Med. Equipment (%):	
Visit Definition:	

Hospice

Annual Deductible:	$
Inpatient Annual Max.:	$
Lifetime Max.:	$
Room and Board (%):	
Other Inpt. Charges (%):	

Rehabilitation

OT Visits/Yr:	
PT Visits/Yr:	
ST Visits/Yr:	
Med Cnslg. Visits/Yr:	

IV Management

IV Infusion Opt?:	UNK
IV Infusion Inpt?:	UNK
IV Antibiotics Opt?:	UNK
IV Antibiotics Inpt?:	UNK

User Information

Entered By: BROWN,NANCY
Entered On: 02/02/94
Last Updated By: BROWN,NANCY
Last Updated On: 02/18/94

```
          Enter ?? for more actions                                        >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Patient Eligibility          May 20, 1996 07:45:44          Page:    1 of    1
N10273   JONES,ANDREW  A9281            DOB: 07/07/50   Subsc ID:

            Means Test: CATEGORY A                        Insured: Yes
          Date of Test: 08/24/94                   A/O Exposure:
  Co-pay Exemption Test:                           Rad. Exposure:
          Date of Test:

     Primary Elig. Code: NSC
    Other Elig. Code(s): EMPLOYEE
                         AID & ATTENDANCE
      Service Connected: No
     Rated Disabilities: BONE DISEASE (0%-NSC)
                         DEGENERATIVE ARTHRITIS (40%-NSC)



          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

Third Party Joint Inquiry

INTRODUCTION

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens.

Because the same actions are available on most screens, and most screens can be accessed from any other screen; these "Common Actions" are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. EXIT returns you to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Actions shown in italics access other screens.

Common Actions

BC Bill Charges - Accesses the Bill Charges screen.

DX Bill Diagnoses - Accesses the Bill Diagnoses screen.

PR Bill Procedures - Accesses the Bill Procedures screen.

CI Go to Claim Screen - Returns you to the Claim Information screen. Available on all screens that may be opened from the Claim Information screen.

AR Account Profile - Accesses the AR Account Profile screen.

CM Comment History - Accesses the AR Comment History screen.

IR Insurance Reviews - Accesses the Insurance Reviews/ Contacts screen.

Third Party Joint Inquiry

INTRODUCTION cont.

HS Health Summary - Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display/Edit option.

AL Go to Active List - Returns you to the Third Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns you to the menu.

VI Insurance Company - Accesses the Insurance Company screen.

VP Policy - Accesses the Patient Policy Information screen.

AB Annual Benefits - Accesses the Annual Benefits screen.

EL Patient Eligibility - Accesses the Patient Eligibility screen.

EX Exit Action - Exits the option.

Third Party Active Bills Screen

This is the first screen displayed if you enter a patient name at the first prompt of this option. It lists all active third party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third Party Billing module can be found on this screen or the Inactive Bills screen.

Actions

IL Inactive Bills - Accesses the Inactive Bills screen.

PI Patient Insurance - Accesses the Patient Insurance screen.

CP Change Patient - Allows you to choose another patient and re-displays the Third Party Active Bills screen for that patient.

Third Party Joint Inquiry

INTRODUCTION cont.

Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third Party Billing module are found on this screen or the Third Party Active Bills screen. Bills are displayed beginning with most recent "statement from" date.

Actions

CD Change Dates - Allows you to change the bills listed by changing the most recent "statement from" date to be displayed.

Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third Party Active Bills screen.

Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry, and many actions are provided to expand on the details of the claim.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Actions

CB Change Bill - Allows you to change the bill being displayed. If you entered a patient name at the first prompt of this option, only bills for that patient may be selected. If you entered a bill number at the first prompt, any bill may be selected.

Third Party Joint Inquiry

INTRODUCTION cont.

Bill Charges Screen
This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42-49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

Bill Diagnosis Screen
This screen displays all diagnoses assigned to the bill, in the order they are printed on the bill.

Bill Procedures Screen
This screen lists all procedures assigned to a bill, in the order they are printed on the bill.

AR Account Profile Screen
This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

Actions

VT Transaction Profile - Accesses the AR Transaction Profile screen for a selected transaction.

AR Transaction Profile Screen
This screen displays detailed account transaction information for individual claim transactions. It is is loosely based on the Accounts Receivable Transaction Profile option.

Third Party Joint Inquiry

INTRODUCTION cont.

AR Comment History Screen
This screen displays AR comments for the claim's account.

Actions

AD Add AR Comment - Allows you to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

Insurance Reviews/Contacts Screen
This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews/Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Actions

VR Reviews/Appeals - Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals/Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

Expanded Appeals/Denials Screen
This screen displays expanded information on insurance appeals and denials listed on the Insurance Review/Contacts screen. This screen is based on the Expanded Appeals/Denials screen of the Claims Tracking Appeal/Denial Edit option.

Expanded Insurance Reviews Screen
This screen displays expanded information on insurance reviews listed on the Insurance Reviews/Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

Third Party Joint Inquiry

INTRODUCTION cont.

Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

Third Party Joint Inquiry

INTRODUCTION cont.

Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third Party Active Bills screen and the bill specific screens.

If this screen is accessed from one of the bill specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are available as actions from this screen; and you must return to a previous screen to access other screens.

Due to the nature of this option, no process chart is provided.

Third Party Joint Inquiry

EXAMPLE

The following examples show the various screens available through this option.

Third Party Active Bills May 31, 1995 @10:07:11 Page 1 of 1

JONES,ANDREW A9281 NSC

Bill #		From	To	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1 L10263		04/20/92	04/20/92	OP	BI	REIM INS	HEALTH	0.00	0.00
2 L10270		04/20/92	04/24/92	OP	PC	REIM INS	HEALTH	698.30	698.30
3 N10072	*	11/16/93	11/17/93	OP	N	REIM INS	+ HEALTH	199.00	199.00
4 N10094		02/16/94	02/16/94	OP	PC	REIM INS	+ HEALTH	196.00	196.00
5 N10123	*	03/01/94	03/15/94	OP	BI	REIM INS	+ HEALTH	0.00	0.00
6 N10150	*	03/14/94	03/15/94	OP	BI	REIM INS	+ AETNA	0.00	0.00
7 N10173	*	03/02/94	03/03/94	OP	BI	REIM INS	AETNA	0.00	0.00
8 N10174	*	03/06/94	03/07/94	OP	N	REIM INS	AETNA	356.00	356.00
9 N10222		05/01/94	05/31/94	IP-F	BI	REIM INS	HEALTH	0.00	0.00
10 N10236		06/01/94	06/05/94	IP-L	BI	REIM INS	HEALTH	0.00	0.00
11 N10273	*	03/03/94	03/31/94	IP-F	A	REIM INS	+ HEALTH	11221.00	856.45
12 N10275		08/30/94	09/30/94	IP	BI	REIM INS	AETNA	0.00	0.00

\+ | * Cat C Charges on Hold | + 2nd/3rd Carrier |

CI Claim Information IL Inactive Bills PI Patient Insurance
CP Change Patient HS Health Summary EL Patient Eligibility
Select Action: Next Screen//

Inactive Bills May 17, 1996 13:30:26 Page: 1 of 2

JONES,ANDREW A9281 ** All Inactive Bills ** (9)

Bill #		From	To	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1 N10397		06/01/94	06/05/94	IL-L	CC	REIM INS	+ AETNA	935.00	0.00
2 N10198		06/01/94	06/05/94	IP-L	CB	REIM INS	+ HEALTH	0.00	0.00
3 N10212		05/07/94	05/12/94	IP-C	CB	REIM INS	HEALTH	0.00	0.00
4 N10148	*	03/02/94	03/03/94	OP	CB	REIM INS		0.00	0.00
5 N10162	*	03/02/94	03/03/94	OP	CB	REIM INS		0.00	0.00
6 N10095		02/16/94	02/16/94	OP	CB	REIM INS		0.00	0.00
7 L10260		04/14/92	04/20/92	OP-F	CB	REIM INS	AETNA	1026.02	1026.02
8 L00389		02/08/90	02/08/90	OP	CC	REIM INS	BC/BS	26.00	0.00
9 00036A		02/07/90	02/07/90	OP	CC	REIM INS	BC/BS	26.00	0.00

\+ |* Cat C Charges on Hold |+ 2nd/3rd Carrier |

CI Claim Information AL Go to Active List CD Change Dates
EX Exit Action
Select Action: Next Screen//

Third Party Joint Inquiry

EXAMPLE, cont.

```
Claim Information                May 17, 1996 13:44:58          Page:    1 of    2
N10072   JONES,ANDREW  A9281            DOB:  5/22/50   Subsc ID: 9849333

      Insurance Demographics                    Subscriber Demographics
  Carrier Name:  HEALTH INS LIMITED          Group Number:  GN 48923222
 Claim Address:  789 3RD STREET                Group Name:
                 ALBANY, NY 44438           Subscriber ID:  9849333
   Claim Phone:  333-444-5676                     Employer:  Snow Movers
                                            Insured's Name:  JONES,ANDREW
                                              Relationship:  PATIENT

                                Claim Information
     Bill Type:  OUTPATIENT                  Service Dates:  11/16/93 - 11/17/93
    Time Frame:  ADMIT THRU DISCHARGE CLAIM Date Entered:  12/23/93
     Rate Type:  REIMBURSABLE INS             Orig Claim:  199.00
     AR Status:  NEW BILL                    Balance Due:  199.00
     Secondary:  AETNA

       Entered:  12/23/93  by   Gray,John
    Authorized:  01/04/94  by   Smith,Jane
 First Printed:  01/04/94  by   Smith,Jane
  Last Printed:  04/01/94  by   Brown,Deb
+         Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Next Screen//
```

```
Patient Insurance                May 31, 1995 @10:07:11         Page 1 of   1
Insurance Management for Patient: JONES,ANDREW     A9281
  Insurance Co.    Type of Policy  Group        Holder   Effect.     Expires
1 HEALTH INS LTD                  GN 48923222  SELF     01/01/87
2 AETNA            MAJOR MEDICAL  AE 76899354  SPOUSE   10/1/90     19/30/95
3 PRUDENTIAL       INDEMNITY      T109         OTHER    10/1/94     01/01/95
4 BC/BS            MAJOR MEDICAL  GN 392043    SELF     01/01/90    12/31/92


VI  Insurance Company          VP Policy          AB  Annual Benefits
AL  Go to Active List                             EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Charges                    May 31, 1995 @10:07:11              Page 1 of 1
N10072  JONES,ANDREW     A9281  DOB: 5/22/50              Subsc ID: 9849333
11/16/93 - 11/17/93        ADMIT THRU DISCHARGE          Orig Amt:    199.00
-------------------------------------------------------------------------------

      OUTPATIENT VISIT
500   OUTPATIENT SVS          178.00         1                 178.00
      PRESCRIPTION
257   DRGS/NONSCRPT            21.00         1                  21.00

001   TOTAL CHARGE                                             199.00

      OP VISIT DATE(S) BILLED:          NOV 16, 1993

      PRESCRIPTION REFILLS:
      30948          NOV 17, 1993       ABBOCATH-T 18G 1.25 IN
                                        QTY: 20 for 10 days supply

Bill Remark:  This is a demonstration bill created for Joint Billing Inquiry.

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Charges                    May 31, 1995 @10:07:11              Page 1 of 1
N10273  JONES,ANDREW     A9281  DOB: 5/22/50              Subsc ID:  9849333
03/02/94 - 03/31/94        INTERIM - FIRST CLAIM         Orig Amt: 11221.00

-------------------------------------------------------------------------------

30 DAYS INPATIENT CARE
      INTERMEDIATE CARE
101   ALL INCL R&B           246.00         30            7380.00
240   ALL INCL ANCIL          48.00         30            1440.00
960   PRO FEE                 49.00         30            1470.00
274   PROSTH/ORTH DEV        931.00         1              931.00

001   TOTAL CHARGE                                       11221.00

      PROSTHETIC ITEMS:
      Sep 18, 1994  WHEELCHAIR
      Sep 21, 1994  CANE-ALL OTHER

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Diagnosis                  May 17, 1996 14:07:56         Page:    1 of    1
N10072   JONES,ANDREW  A9281            DOB: 5/22/50      Subsc ID: 9849333
 11/16/93 - 11/17/93         ADMIT THRU DISCHARGE CLAIM   Orig Amt:    199.00
-------------------------------------------------------------------------------

      1)  490.     BRONCHITIS NOS
      2)  030.1    TUBERCULOID LEPROSY
      3)  101.     VINCENT'S ANGINA
      4)  330.1    CEREBRAL LIPIDOSES
      5)  461.0    AC MAXILLARY SINUSITIS
      6)  310.0    FRONTAL LOBE SYNDROME
      7)  200.01   RETICULOSARCOMA HEAD

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
Bill Procedures                 May 17, 1996 14:12:58         Page:    1 of    1
N10072   JONES,ANDREW  A9281            DOB: 5/22/50      Subsc ID: 9849333
 11/16/93 - 11/17/93         ADMIT THRU DISCHARGE CLAIM   Orig Amt:    199.00
-------------------------------------------------------------------------------

 11000   SURGICAL CLEANSING OF SKIN      11/16/93
 11001   ADDITIONAL CLEANSING OF SKIN    11/16/93
 12001   REPAIR SUPERFICIAL WOUND(S)     11/16/93

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
AR Account Profile            May 31, 1995 @10:07:11        Page:    1 of    1
N10273   JONES,ANDREW     A9281           DOB: 5/22/50   Subsc ID:  9849333
AR Status: ACTIVE         Orig Amt:    11221.00       Balance Due:  856.45

             04/01/94     IB Status:  Printed  (Last)      11221.00   11221.00
1   1578     05/07/94     PAYMENT (IN PART)                 7856.21    3364.79
2   1598     07/07/94     PAYMENT (IN PART)                 2508.34     856.45
3   1601     07/08/94     COMMENT                              0.00     856.45

    Total Collected:  10364.55
    Percent Collected:    92.37%
          Enter ?? for more actions
BC  Bill Charges          VT  Transaction Profile   VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
AR Transaction Profile        May 31, 1995 @10:07:11                Page 1 of 1
N10273   JONES,ANDREW     A9281  DOB: 5/22/50             Subsc ID:  9849333
AR Status:  ACTIVE             Orig Amt:    11221.00   Balance Due:  856.45

       TRANS. NO:  1578              TRANS. TYPE:  PAYMENT (IN PART)
     TRANS. DATE:  05/07/94          DATE POSTED:  05/10/94    (ARH)
   TRANS. AMOUNT:  7856.21             RECEIPT #:  D2982398

                                      BALANCE    COLLECTED
                                 ------------- ---------------
                  PRINCIPLE:          3364.79      7856.21
                  INTEREST:              0.00         0.00
                  ADMINISTRATIVE:        0.00         0.00
                  MARSHALL FEE:          0.00         0.00
                  COURT COST:            0.00         0.00
                                     --------    ---------
                  TOTAL:              3364.79      7856.21

        FY:  94            PR AMT: 3364.79            FY TR AMT: 7856.21

COMMENTS:   Date of Deposit: MAY 10, 1994

          Enter ?? for more actions
CI  Go to Claim Screen          AL Go to Active List         EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
AR Comment History              May 17, 1996 14:21:37          Page:    1 of    1
L10260   JONES,ANDREW     A9281        DOB: 5/22/50    Subsc ID:  AH33334
AR Status:  CANCELLED          Orig Amt: 1026.02       Balance Due: 1026.02

1582  04/21/92  Copy of bill sent.                 FOLLOW-UP DT:  05/12/92
                Carrier did not receive initial bill.

1594  05/20/92  Bill canceled, wrong form type.    FOLLOW-UP DT:  06/01/92
                Carrier refuses to process this type of bill on a UB-92.
                They are requiring the HCFA 1500 form.

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        AD  Add AR Comment        VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
Insurance Reviews/Contacts     May 31, 1995 @10:07:11        Page:    1 of    1
Insurance Review Entries for:  N10072     JONES,ANDREW     A9281
    Date       Ins. Co.           Type Contact       Action    Auth. No.  Days

    OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1   11/30/93   HEALTH INS LIMITED  1st Appeal-Clin    APPROVED  AU 39824
2   11/17/93   HEALTH INS LIMITED  OPT                DENIAL               0

    PRESCRIPTION REFILL of 30948 on 11/17/93
3   11/17/93   HEALTH INS LIMITED  OPT                APPROVED  RN 9384222

          Service Connected: NO   Previous Spec. Bills: TORT                >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       VR  Reviews/Appeals       AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Expanded Appeals/Denials      May 31, 1995 @10:07:11            Page 1 of  2
Insurance Appeal/Denial for: JONES,ANDREW     A9281     ROI: NOT REQUIRED

          Visit Information                    Action Information
        Visit Type:  OUTPATIENT VISIT        Type Contact:  INITIAL APPEAL
        Visit Date:  03/09/94 9:00 am         Appeal Type:  CLINICAL
            Clinic:  AMBULATORY SURGERY       Case Status:  OPEN
      Appt. Status:  CHECKED OUT          No Days Pending:
        Appt. Type:  REGULAR                Final Outcome:
      Special Cond:

         Clinical Information              Appeal Address Information
          Provider:                         Ins. Co. Name:  HEALTH INS LIMITED
          Provider:                        Alternate Name:
         Diagnosis:                         Street line 1:  HIL - APPEALS OFFICE
         Diagnosis:                         Street line 2:  1099 THIRD AVE, SUITE
      Special Cond:                         Street line 3:
                                           City/State/Zip:  TROY, NY  12345

                      Insurance Policy Information
    Ins. Co. Name:  HEALTH INS LIMITED    Subscriber Name:  JONES,ANDREW
     Group Number:  GN 48923222             Subscriber ID:  9849333
  Whose Insurance:  VETERAN                Effective Date:  01/01/87
   Pre-Cert Phone:  444-444-444 E          Expiration Date:

    User Information                      Contact Information
      Entered By:  SMITH,ALICE             Contact Date:  04/01/94
      Entered On:  11/16/93 3:30 pm    Person Contacted:  JANE,DOWNY
  Last Edited By:                        Contact Method:  PHONE
  Last Edited On:                       Call Ref. Number:  RN 3320944
                                             Review Date:  06/02/95

 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED

          Enter ?? for more actions                                      >>>
CI  Go to Claim Screen       AL Go to Active List    EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Expanded Insurance Reviews     May 31, 1995 @10:07:11          Page 1 of   2
Insurance Review Entries for:                          JONES,ANDREW     A9281
                    ROI: NOT REQUIRED

   Contact Information                    Action Information
     Contact Date:  11/17/93          Type Contact:  OUTPATIENT TREATMEN
 Person Contacted:  Steve            Opt Treatment:  RX REFILL
   Contact Method:  PHONE                    Action:  APPROVED
 Call Ref. Number:  RN 9384222       Auth. Number:  RN 9384222
      Review Date:  06/02/95

                        Insurance Policy Information
   Ins. Co. Name:  HEALTH INS LIMITED  Subscriber Name:  JONES,ANDREW
    Group Number:  GN 48923222           Subscriber ID:  9849333
 Whose Insurance:  VETERAN             Effective Date:  01/01/87
  Pre-Cert Phone:  933-3434            Expiration Date:

   Appeal Address Information           User Information
   Ins. Co. Name:  HEALTH INS LIMITED          Entered By: SMITH,ALICE
  Alternate Name:                              Entered On: 11/17/93 12:54 pm
   Street line 1:  HIL - APPEALS OFFICE     Last Edited By: SMITH,ALICE
   Street line 2:  1099 THIRD AVE, SUITE 301  Last Edited On: 11/20/93 12:55 pm
   Street line 3:
  City/State/Zip:  TROY, NY 12345

 Comments
 One refill of prescription approved.

 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                      >>>
CI  Go to Claim Screen        AL Go to Active List          EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.
Insurance Company Screen

Insurance Company May 17, 1996 15:25:42 Page: 1 of 5
Insurance Company Information for: HEALTH INS LIMITED Primary
Type of Company: HEALTH INSURANCE Currently Active

Billing Parameters

Signature Required?:	YES	Attending Phys. ID:	AT PH ID VAH500000
Reimburse?:	WILL REIMBURSE	Hosp. Provider No.:	
Mult. Bedsections:	YES	Primary Form Type:	
Diff. Rev. Codes:		Billing Phone:	
One Opt. Visit:	NO	Verification Phone:	
Amb. Sur. Rev. Code:		Precert Comp. Name:	ABC INSURANCE
Rx Refill Rev. Code:		Precert Phone:	444-444-4444 E
Filing Time Frame:			

Main Mailing Address

Street:	2345 CENTRAL AVENUE	City/State:	ALBANY, NY 12345
Street 2:	FREAR BUILDING	Phone:	456-1234
Street 3:		Fax:	848-4884

Inpatient Claims Office Information

Street:	2345 CENTRAL AVENUE	City/State:	ALBANY, NY 12345
Street 2:	FREAR BUILDING	Phone:	456-0392
Street 3:		Fax:	848-4432

Outpatient Claims Office Information

Street:	789 3RD STREET	City/State:	ALBANY, NY 12345
Street 2:		Phone:	333-444-5676
Street 3:		Fax:	333-444-9245

Third Party Joint Inquiry

EXAMPLE, cont.
Insurance Company Screen, cont.

```
              Prescription Claims Office Information
   Company Name:  GHI PROCESSING            Street 3:
         Street:  1933 CORPORATE DRIVE     City/State:  RIVERSIDE, NY 39332
       Street 2:  TANGLEWOOD PARK               Phone:  339-0000
            Fax:

                    Appeals Office Information
         Street:  HIL - APPEALS OFFICE     City/State:  TROY, NY 12345
       Street 2:  1099 THIRD AVE, SUITE 301     Phone:  436-1923
       Street 3:                                  Fax:  436-5464

                    Inquiry Office Information
         Street:  2345 CENTRAL AVENUE      City/State:  ALBANY, NY 12345
       Street 2:  FREAR BUILDING                Phone:  456-1923
       Street 3:                                  Fax:  848-5336
```

Remarks

Synonyms

```
          Enter ?? for more actions                                    >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Patient Policy Information     May 31, 1995 @10:07:11       Page:     1 of    3
Extended Policy Information for:   JONES,ANDREW   000-000-9281        Primary
HEALTH INS LIMITED Insurance Company                ** Plan Currently Active **

      Plan Information                          Insurance Company
  Is Group Plan:  YES                          Company:  HEALTH INS LIMITED
     Group Name:                                Street:  2345 CENTRAL AVENUE
   Group Number:  GN 48923222                 Street 2:  FREAR BUILDING
   Type of Plan:                              Street 3:
                                            City/State:  ALBANY, NY 12345

    Utilization Review Info                Effective Dates & Source
         Require UR:                      Effective Date:  01/01/87
   Require Pre-Cert:                     Expiration Date:
   Exclude Pre-Cond:                      Source of Info:  INTERVIEW
Benefits Assignable:  YES

     Subscriber Information          Subscriber's Employer Information
   Whose Insurance:  VETERAN   Claims to Employer:  No, Send to Insurance
   Subscriber Name:  JONES,ANDREW         Company:
      Relationship:  PATIENT               Street:
  Insurance Number:  9849333            City/State:
  Coord.  Benefits:  PRIMARY                 Phone:

        User Information                Insurance Contact (last)
       Entered By:  SMITH,ALICE       Person Contacted:
       Entered On:  09/07/93         Method of Contact:
 Last Verified By:  SMITH,ALICE        Contact's Phone:
 Last Verified On:  01/03/95              Contact Date:
  Last Updated By:  BROWN,NANCY
  Last Updated On:  04/06/94

Comment -- Patient Policy
None

Comment -- Group Plan

Personal Riders
   Rider #1:     EXTEND COVERAGE TO 365 DAYS
   Rider #2:     AMBULANCE COVERAGE

+         Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Annual Benefits                May 17, 1996 15:39:23          Page:    1 of    3
Annual Benefits for: GHI Ins. Co                                          Primary
             Policy: GN 48923222                Ben Yr:  MAR 01, 1993
```

Policy Information

Max. Out of Pocket: $ 500
Ambulance Coverage (%): 85 %

Inpatient

Annual Deductible:	$ 500	Drug/Alcohol Lifet. Max:	$
Per Admis. Deductible:	$ 100	Drug/Alcohol Annual Max:	$
Inpt. Lifetime Max:	$	Nursing Home (%):	
Inpt. Annual Max:	$	Other Inpt. Charges (%):	
Room & Board (%):			

Outpatient

Annual Deductible:	$ 50	Surgery (%):	
Per Visit Deductible:	$ 50	Emergency (%):	85%
Lifetime Max:	$	Prescription (%):	80%
Annual Max:	$	Adult Day Health Care?:	UNK
Visit (%):		Dental Cov. Type:	PERCENTAGE AMOU
Max Visits Per Year:		Dental Cov. (%):	48%

Mental Health Inpatient

MH Inpt. Max Days/Year:	
MH Lifetime Inpt. Max:	$
MH Annual Inpt. Max:	$
Mental Health Inpt. (%):	

Mental Health Outpatient

MH Opt. Max Days/Year:	
MH Lifetime Opt. Max:	$
MH Annual Opt. Max:	$
Mental Health Opt. (%):	

Home Health Care

Care Level:	
Visits Per Year:	
Max. Days Per Year:	
Med. Equipment (%):	
Visit Definition:	

Hospice

Annual Deductible:	$
Inpatient Annual Max.:	$
Lifetime Max.:	$
Room and Board (%):	
Other Inpt. Charges (%):	

Rehabilitation

OT Visits/Yr:	
PT Visits/Yr:	
ST Visits/Yr:	
Med Cnslg. Visits/Yr:	

IV Management

IV Infusion Opt?:	UNK
IV Infusion Inpt?:	UNK
IV Antibiotics Opt?:	UNK
IV Antibiotics Inpt?:	UNK

User Information

Entered By: BROWN,NANCY
Entered On: 02/02/94
Last Updated By: BROWN,NANCY
Last Updated On: 02/18/94

```
          Enter ?? for more actions                                        >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Patient Eligibility          May 20, 1996 07:45:44          Page:    1 of    1
N10273   JONES,ANDREW  A9281            DOB: 07/07/50   Subsc ID:

            Means Test: CATEGORY A                        Insured: Yes
          Date of Test: 08/24/94                   A/O Exposure:
  Co-pay Exemption Test:                           Rad. Exposure:
          Date of Test:

     Primary Elig. Code: NSC
    Other Elig. Code(s): EMPLOYEE
                         AID & ATTENDANCE
      Service Connected: No
     Rated Disabilities: BONE DISEASE (0%-NSC)
                         DEGENERATIVE ARTHRITIS (40%-NSC)



          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

Third Party Joint Inquiry

INTRODUCTION

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens.

Because the same actions are available on most screens, and most screens can be accessed from any other screen; these "Common Actions" are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. EXIT returns you to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Actions shown in italics access other screens.

Common Actions

BC Bill Charges - Accesses the Bill Charges screen.

DX Bill Diagnoses - Accesses the Bill Diagnoses screen.

PR Bill Procedures - Accesses the Bill Procedures screen.

CI Go to Claim Screen - Returns you to the Claim Information screen. Available on all screens that may be opened from the Claim Information screen.

AR Account Profile - Accesses the AR Account Profile screen.

CM Comment History - Accesses the AR Comment History screen.

IR Insurance Reviews - Accesses the Insurance Reviews/ Contacts screen.

Third Party Joint Inquiry

INTRODUCTION cont.

HS Health Summary - Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display/Edit option.

AL Go to Active List - Returns you to the Third Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns you to the menu.

VI Insurance Company - Accesses the Insurance Company screen.

VP Policy - Accesses the Patient Policy Information screen.

AB Annual Benefits - Accesses the Annual Benefits screen.

EL Patient Eligibility - Accesses the Patient Eligibility screen.

EX Exit Action - Exits the option.

Third Party Active Bills Screen

This is the first screen displayed if you enter a patient name at the first prompt of this option. It lists all active third party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third Party Billing module can be found on this screen or the Inactive Bills screen.

Actions

IL Inactive Bills - Accesses the Inactive Bills screen.

PI Patient Insurance - Accesses the Patient Insurance screen.

CP Change Patient - Allows you to choose another patient and re-displays the Third Party Active Bills screen for that patient.

Third Party Joint Inquiry

INTRODUCTION cont.

Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third Party Billing module are found on this screen or the Third Party Active Bills screen. Bills are displayed beginning with most recent "statement from" date.

Actions

CD Change Dates - Allows you to change the bills listed by changing the most recent "statement from" date to be displayed.

Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third Party Active Bills screen.

Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry, and many actions are provided to expand on the details of the claim.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Actions

CB Change Bill - Allows you to change the bill being displayed. If you entered a patient name at the first prompt of this option, only bills for that patient may be selected. If you entered a bill number at the first prompt, any bill may be selected.

Third Party Joint Inquiry

INTRODUCTION cont.

Bill Charges Screen
This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42-49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

Bill Diagnosis Screen
This screen displays all diagnoses assigned to the bill, in the order they are printed on the bill.

Bill Procedures Screen
This screen lists all procedures assigned to a bill, in the order they are printed on the bill.

AR Account Profile Screen
This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

Actions

VT Transaction Profile - Accesses the AR Transaction Profile screen for a selected transaction.

AR Transaction Profile Screen
This screen displays detailed account transaction information for individual claim transactions. It is is loosely based on the Accounts Receivable Transaction Profile option.

Third Party Joint Inquiry

INTRODUCTION cont.

AR Comment History Screen
This screen displays AR comments for the claim's account.

Actions

AD Add AR Comment - Allows you to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

Insurance Reviews/Contacts Screen
This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews/Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Actions

VR Reviews/Appeals - Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals/Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

Expanded Appeals/Denials Screen
This screen displays expanded information on insurance appeals and denials listed on the Insurance Review/Contacts screen. This screen is based on the Expanded Appeals/Denials screen of the Claims Tracking Appeal/Denial Edit option.

Expanded Insurance Reviews Screen
This screen displays expanded information on insurance reviews listed on the Insurance Reviews/Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

Third Party Joint Inquiry

INTRODUCTION cont.

Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

Third Party Joint Inquiry

INTRODUCTION cont.

Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third Party Active Bills screen and the bill specific screens.

If this screen is accessed from one of the bill specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are available as actions from this screen; and you must return to a previous screen to access other screens.

Due to the nature of this option, no process chart is provided.

Third Party Joint Inquiry

EXAMPLE

The following examples show the various screens available through this option.

Third Party Active Bills May 31, 1995 @10:07:11 Page 1 of 1

JONES,ANDREW A9281 NSC

Bill #		From	To	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1 L10263		04/20/92	04/20/92	OP	BI	REIM INS	HEALTH	0.00	0.00
2 L10270		04/20/92	04/24/92	OP	PC	REIM INS	HEALTH	698.30	698.30
3 N10072	*	11/16/93	11/17/93	OP	N	REIM INS	+ HEALTH	199.00	199.00
4 N10094		02/16/94	02/16/94	OP	PC	REIM INS	+ HEALTH	196.00	196.00
5 N10123	*	03/01/94	03/15/94	OP	BI	REIM INS	+ HEALTH	0.00	0.00
6 N10150	*	03/14/94	03/15/94	OP	BI	REIM INS	+ AETNA	0.00	0.00
7 N10173	*	03/02/94	03/03/94	OP	BI	REIM INS	AETNA	0.00	0.00
8 N10174	*	03/06/94	03/07/94	OP	N	REIM INS	AETNA	356.00	356.00
9 N10222		05/01/94	05/31/94	IP-F	BI	REIM INS	HEALTH	0.00	0.00
10 N10236		06/01/94	06/05/94	IP-L	BI	REIM INS	HEALTH	0.00	0.00
11 N10273	*	03/03/94	03/31/94	IP-F	A	REIM INS	+ HEALTH	11221.00	856.45
12 N10275		08/30/94	09/30/94	IP	BI	REIM INS	AETNA	0.00	0.00

\+ | * Cat C Charges on Hold | + 2nd/3rd Carrier |

CI Claim Information IL Inactive Bills PI Patient Insurance
CP Change Patient HS Health Summary EL Patient Eligibility
Select Action: Next Screen//

Inactive Bills May 17, 1996 13:30:26 Page: 1 of 2

JONES,ANDREW A9281 ** All Inactive Bills ** (9)

Bill #		From	To	Type	Stat	Rate	Insurer	Orig Amt	Curr Amt
1 N10397		06/01/94	06/05/94	IL-L	CC	REIM INS	+ AETNA	935.00	0.00
2 N10198		06/01/94	06/05/94	IP-L	CB	REIM INS	+ HEALTH	0.00	0.00
3 N10212		05/07/94	05/12/94	IP-C	CB	REIM INS	HEALTH	0.00	0.00
4 N10148	*	03/02/94	03/03/94	OP	CB	REIM INS		0.00	0.00
5 N10162	*	03/02/94	03/03/94	OP	CB	REIM INS		0.00	0.00
6 N10095		02/16/94	02/16/94	OP	CB	REIM INS		0.00	0.00
7 L10260		04/14/92	04/20/92	OP-F	CB	REIM INS	AETNA	1026.02	1026.02
8 L00389		02/08/90	02/08/90	OP	CC	REIM INS	BC/BS	26.00	0.00
9 00036A		02/07/90	02/07/90	OP	CC	REIM INS	BC/BS	26.00	0.00

\+ |* Cat C Charges on Hold |+ 2nd/3rd Carrier |

CI Claim Information AL Go to Active List CD Change Dates
EX Exit Action
Select Action: Next Screen//

Third Party Joint Inquiry

EXAMPLE, cont.

```
Claim Information                May 17, 1996 13:44:58          Page:    1 of    2
N10072   JONES,ANDREW  A9281             DOB: 5/22/50   Subsc ID: 9849333

      Insurance Demographics                    Subscriber Demographics
  Carrier Name:  HEALTH INS LIMITED          Group Number:  GN 48923222
 Claim Address:  789 3RD STREET                Group Name:
                 ALBANY, NY 44438           Subscriber ID:  9849333
   Claim Phone:  333-444-5676                     Employer:  Snow Movers
                                            Insured's Name:  JONES,ANDREW
                                              Relationship:  PATIENT

                                Claim Information
     Bill Type:  OUTPATIENT                  Service Dates:  11/16/93 - 11/17/93
    Time Frame:  ADMIT THRU DISCHARGE CLAIM Date Entered:  12/23/93
     Rate Type:  REIMBURSABLE INS             Orig Claim:  199.00
     AR Status:  NEW BILL                    Balance Due:  199.00
     Secondary:  AETNA

       Entered:  12/23/93  by   Gray,John
    Authorized:  01/04/94  by   Smith,Jane
 First Printed:  01/04/94  by   Smith,Jane
  Last Printed:  04/01/94  by   Brown,Deb
+         Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Next Screen//
```

```
Patient Insurance                May 31, 1995 @10:07:11         Page 1 of   1
Insurance Management for Patient: JONES,ANDREW     A9281
  Insurance Co.    Type of Policy  Group        Holder   Effect.     Expires
1 HEALTH INS LTD                  GN 48923222  SELF     01/01/87
2 AETNA            MAJOR MEDICAL  AE 76899354  SPOUSE   10/1/90     19/30/95
3 PRUDENTIAL       INDEMNITY      T109         OTHER    10/1/94     01/01/95
4 BC/BS            MAJOR MEDICAL  GN 392043    SELF     01/01/90    12/31/92


VI  Insurance Company          VP Policy          AB  Annual Benefits
AL  Go to Active List                             EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Charges                    May 31, 1995 @10:07:11              Page 1 of 1
N10072  JONES,ANDREW     A9281  DOB: 5/22/50              Subsc ID: 9849333
11/16/93 - 11/17/93        ADMIT THRU DISCHARGE          Orig Amt:    199.00
-------------------------------------------------------------------------------

      OUTPATIENT VISIT
500   OUTPATIENT SVS          178.00         1                 178.00
      PRESCRIPTION
257   DRGS/NONSCRPT            21.00         1                  21.00

001   TOTAL CHARGE                                             199.00

      OP VISIT DATE(S) BILLED:          NOV 16, 1993

      PRESCRIPTION REFILLS:
      30948          NOV 17, 1993       ABBOCATH-T 18G 1.25 IN
                                        QTY: 20 for 10 days supply

Bill Remark:  This is a demonstration bill created for Joint Billing Inquiry.

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligib ility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Charges                    May 31, 1995 @10:07:11              Page 1 of 1
N10273  JONES,ANDREW     A9281  DOB: 5/22/50              Subsc ID:  9849333
03/02/94 - 03/31/94        INTERIM - FIRST CLAIM         Orig Amt: 11221.00

-------------------------------------------------------------------------------

30 DAYS INPATIENT CARE
      INTERMEDIATE CARE
101   ALL INCL R&B           246.00         30            7380.00
240   ALL INCL ANCIL          48.00         30            1440.00
960   PRO FEE                 49.00         30            1470.00
274   PROSTH/ORTH DEV        931.00         1              931.00

001   TOTAL CHARGE                                       11221.00

      PROSTHETIC ITEMS:
      Sep 18, 1994  WHEELCHAIR
      Sep 21, 1994  CANE-ALL OTHER

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  An nual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Bill Diagnosis                 May 17, 1996 14:07:56         Page:    1 of    1
N10072   JONES,ANDREW  A9281           DOB: 5/22/50      Subsc ID: 9849333
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:    199.00
-------------------------------------------------------------------------------

      1)  490.     BRONCHITIS NOS
      2)  030.1    TUBERCULOID LEPROSY
      3)  101.     VINCENT'S ANGINA
      4)  330.1    CEREBRAL LIPIDOSES
      5)  461.0    AC MAXILLARY SINUSITIS
      6)  310.0    FRONTAL LOBE SYNDROME
      7)  200.01   RETICULOSARCOMA HEAD

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
Bill Procedures                May 17, 1996 14:12:58         Page:    1 of    1
N10072   JONES,ANDREW  A9281           DOB: 5/22/50      Subsc ID: 9849333
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:    199.00
-------------------------------------------------------------------------------

 11000   SURGICAL CLEANSING OF SKIN      11/16/93
 11001   ADDITIONAL CLEANSING OF SKIN    11/16/93
 12001   REPAIR SUPERFICIAL WOUND(S)     11/16/93

-------------------------------------------------------------------------------
          Enter ?? for more actions
-------------------------------------------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
AR Account Profile            May 31, 1995 @10:07:11        Page:    1 of    1
N10273   JONES,ANDREW     A9281           DOB: 5/22/50   Subsc ID:  9849333
AR Status: ACTIVE         Orig Amt:    11221.00       Balance Due:  856.45

             04/01/94     IB Status:  Printed  (Last)      11221.00   11221.00
1   1578     05/07/94     PAYMENT (IN PART)                 7856.21    3364.79
2   1598     07/07/94     PAYMENT (IN PART)                 2508.34     856.45
3   1601     07/08/94     COMMENT                              0.00     856.45

    Total Collected:  10364.55
    Percent Collected:    92.37%
          Enter ?? for more actions
BC  Bill Charges          VT  Transaction Profile   VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
AR Transaction Profile        May 31, 1995 @10:07:11                Page 1 of 1
N10273   JONES,ANDREW     A9281  DOB: 5/22/50             Subsc ID:  9849333
AR Status:  ACTIVE             Orig Amt:    11221.00   Balance Due:  856.45

       TRANS. NO:  1578              TRANS. TYPE:  PAYMENT (IN PART)
     TRANS. DATE:  05/07/94          DATE POSTED:  05/10/94    (ARH)
   TRANS. AMOUNT:  7856.21             RECEIPT #:  D2982398

                                      BALANCE    COLLECTED
                                 ------------- ---------------
                  PRINCIPLE:          3364.79      7856.21
                  INTEREST:              0.00         0.00
                  ADMINISTRATIVE:        0.00         0.00
                  MARSHALL FEE:          0.00         0.00
                  COURT COST:            0.00         0.00
                                     --------    ---------
                  TOTAL:              3364.79      7856.21

        FY:  94            PR AMT: 3364.79            FY TR AMT: 7856.21

COMMENTS:   Date of Deposit: MAY 10, 1994

          Enter ?? for more actions
CI  Go to Claim Screen          AL Go to Active List         EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
AR Comment History            May 17, 1996 14:21:37         Page:    1 of    1
L10260   JONES,ANDREW     A9281        DOB: 5/22/50    Subsc ID:  AH33334
AR Status:  CANCELLED          Orig Amt: 1026.02       Balance Due: 1026.02

1582  04/21/92  Copy of bill sent.                 FOLLOW-UP DT:  05/12/92
                Carrier did not receive initial bill.

1594  05/20/92  Bill canceled, wrong form type.    FOLLOW-UP DT:  06/01/92
                Carrier refuses to process this type of bill on a UB-92.
                They are requiring the HCFA 1500 form.

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        AD  Add AR Comment        VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

```
Insurance Reviews/Contacts    May 31, 1995 @10:07:11        Page:    1 of    1
Insurance Review Entries for:  N10072     JONES,ANDREW     A9281
    Date       Ins. Co.           Type Contact       Action    Auth. No.  Days

    OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1   11/30/93   HEALTH INS LIMITED  1st Appeal-Clin    APPROVED  AU 39824
2   11/17/93   HEALTH INS LIMITED  OPT                DENIAL               0

    PRESCRIPTION REFILL of 30948 on 11/17/93
3   11/17/93   HEALTH INS LIMITED  OPT                APPROVED  RN 9384222

          Service Connected: NO   Previous Spec. Bills: TORT                >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       VR  Reviews/Appeals       AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Expanded Appeals/Denials      May 31, 1995 @10:07:11              Page 1 of  2
Insurance Appeal/Denial for: JONES,ANDREW     A9281     ROI: NOT REQUIRED

          Visit Information                    Action Information
        Visit Type:  OUTPATIENT VISIT        Type Contact:  INITIAL APPEAL
        Visit Date:  03/09/94 9:00 am         Appeal Type:  CLINICAL
            Clinic:  AMBULATORY SURGERY       Case Status:  OPEN
      Appt. Status:  CHECKED OUT          No Days Pending:
        Appt. Type:  REGULAR                Final Outcome:
      Special Cond:

         Clinical Information              Appeal Address Information
          Provider:                         Ins. Co. Name:  HEALTH INS LIMITED
          Provider:                        Alternate Name:
         Diagnosis:                         Street line 1:  HIL - APPEALS OFFICE
         Diagnosis:                         Street line 2:  1099 THIRD AVE, SUITE
      Special Cond:                         Street line 3:
                                           City/State/Zip:  TROY, NY  12345

                      Insurance Policy Information
     Ins. Co. Name:  HEALTH INS LIMITED    Subscriber Name:  JONES,ANDREW
      Group Number:  GN 48923222             Subscriber ID:  9849333
  Whose Insurance:  VETERAN                 Effective Date:  01/01/87
   Pre-Cert Phone:  444-444-444 E          Expiration Date:

    User Information                      Contact Information
      Entered By:  SMITH,ALICE              Contact Date:  04/01/94
      Entered On:  11/16/93 3:30 pm    Person Contacted:  JANE,DOWNY
  Last Edited By:                        Contact Method:  PHONE
  Last Edited On:                       Call Ref. Number:  RN 3320944
                                             Review Date:  06/02/95

 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                      >>>
CI  Go to Claim Screen       AL Go to Active List    EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Expanded Insurance Reviews     May 31, 1995 @10:07:11            Page 1 of   2
Insurance Review Entries for:                                JONES,ANDREW     A9281
                    ROI: NOT REQUIRED

   Contact Information                          Action Information
     Contact Date:  11/17/93                Type Contact:  OUTPATIENT TREATMEN
 Person Contacted:  Steve                  Opt Treatment:  RX REFILL
   Contact Method:  PHONE                         Action:  APPROVED
 Call Ref. Number:  RN 9384222             Auth. Number:  RN 9384222
      Review Date:  06/02/95

                        Insurance Policy Information
   Ins. Co. Name:  HEALTH INS LIMITED  Subscriber Name:  JONES,ANDREW
    Group Number:  GN 48923222           Subscriber ID:  9849333
 Whose Insurance:  VETERAN              Effective Date:  01/01/87
  Pre-Cert Phone:  933-3434             Expiration Date:

   Appeal Address Information             User Information
   Ins. Co. Name:  HEALTH INS LIMITED            Entered By: SMITH,ALICE
  Alternate Name:                                Entered On: 11/17/93 12:54 pm
   Street line 1:  HIL - APPEALS OFFICE       Last Edited By: SMITH,ALICE
   Street line 2:  1099 THIRD AVE, SUITE 301  Last Edited On: 11/20/93 12:55 pm
   Street line 3:
  City/State/Zip:  TROY, NY 12345

 Comments
 One refill of prescription approved.

 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                        >>>
CI  Go to Claim Screen        AL Go to Active List          EX Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.
Insurance Company Screen

Insurance Company May 17, 1996 15:25:42 Page: 1 of 5
Insurance Company Information for: HEALTH INS LIMITED Primary
Type of Company: HEALTH INSURANCE Currently Active

Billing Parameters

Signature Required?:	YES	Attending Phys. ID:	AT PH ID VAH500000
Reimburse?:	WILL REIMBURSE	Hosp. Provider No.:	
Mult. Bedsections:	YES	Primary Form Type:	
Diff. Rev. Codes:		Billing Phone:	
One Opt. Visit:	NO	Verification Phone:	
Amb. Sur. Rev. Code:		Precert Comp. Name:	ABC INSURANCE
Rx Refill Rev. Code:		Precert Phone:	444-444-4444 E
Filing Time Frame:			

Main Mailing Address

Street:	2345 CENTRAL AVENUE	City/State:	ALBANY, NY 12345
Street 2:	FREAR BUILDING	Phone:	456-1234
Street 3:		Fax:	848-4884

Inpatient Claims Office Information

Street:	2345 CENTRAL AVENUE	City/State:	ALBANY, NY 12345
Street 2:	FREAR BUILDING	Phone:	456-0392
Street 3:		Fax:	848-4432

Outpatient Claims Office Information

Street:	789 3RD STREET	City/State:	ALBANY, NY 12345
Street 2:		Phone:	333-444-5676
Street 3:		Fax:	333-444-9245

Third Party Joint Inquiry

EXAMPLE, cont.
Insurance Company Screen, cont.

```
              Prescription Claims Office Information
   Company Name:  GHI PROCESSING            Street 3:
         Street:  1933 CORPORATE DRIVE     City/State:  RIVERSIDE, NY 39332
       Street 2:  TANGLEWOOD PARK               Phone:  339-0000
            Fax:

                    Appeals Office Information
         Street:  HIL - APPEALS OFFICE     City/State:  TROY, NY 12345
       Street 2:  1099 THIRD AVE, SUITE 301     Phone:  436-1923
       Street 3:                                  Fax:  436-5464

                    Inquiry Office Information
         Street:  2345 CENTRAL AVENUE      City/State:  ALBANY, NY 12345
       Street 2:  FREAR BUILDING                Phone:  456-1923
       Street 3:                                  Fax:  848-5336
```

Remarks

Synonyms

```
          Enter ?? for more actions                                    >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Patient Policy Information     May 31, 1995 @10:07:11       Page:     1 of    3
Extended Policy Information for:   JONES,ANDREW   000-000-9281        Primary
HEALTH INS LIMITED Insurance Company                ** Plan Currently Active **

      Plan Information                          Insurance Company
  Is Group Plan:  YES                          Company:  HEALTH INS LIMITED
     Group Name:                                Street:  2345 CENTRAL AVENUE
   Group Number:  GN 48923222                 Street 2:  FREAR BUILDING
   Type of Plan:                              Street 3:
                                            City/State:  ALBANY, NY 12345

    Utilization Review Info                Effective Dates & Source
          Require UR:                     Effective Date:  01/01/87
    Require Pre-Cert:                    Expiration Date:
    Exclude Pre-Cond:                     Source of Info:  INTERVIEW
 Benefits Assignable:  YES

     Subscriber Information          Subscriber's Employer Information
   Whose Insurance:  VETERAN   Claims to Employer:  No, Send to Insurance
   Subscriber Name:  JONES,ANDREW         Company:
      Relationship:  PATIENT               Street:
  Insurance Number:  9849333            City/State:
  Coord.  Benefits:  PRIMARY                 Phone:

        User Information                Insurance Contact (last)
       Entered By:  SMITH,ALICE       Person Contacted:
       Entered On:  09/07/93         Method of Contact:
  Last Verified By:  SMITH,ALICE       Contact's Phone:
  Last Verified On:  01/03/95             Contact Date:
   Last Updated By:  BROWN,NANCY
   Last Updated On:  04/06/94

 Comment -- Patient Policy
 None

 Comment -- Group Plan

 Personal Riders
    Rider #1:     EXTEND COVERAGE TO 365 DAYS
    Rider #2:     AMBULANCE COVERAGE

+         Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Annual Benefits                May 17, 1996 15:39:23          Page:    1 of    3
Annual Benefits for: GHI Ins. Co                                          Primary
             Policy: GN 48923222                Ben Yr:  MAR 01, 1993
```

Policy Information

Max. Out of Pocket: $ 500
Ambulance Coverage (%): 85 %

Inpatient

Annual Deductible:	$ 500	Drug/Alcohol Lifet. Max:	$
Per Admis. Deductible:	$ 100	Drug/Alcohol Annual Max:	$
Inpt. Lifetime Max:	$	Nursing Home (%):	
Inpt. Annual Max:	$	Other Inpt. Charges (%):	
Room & Board (%):			

Outpatient

Annual Deductible:	$ 50	Surgery (%):	
Per Visit Deductible:	$ 50	Emergency (%):	85%
Lifetime Max:	$	Prescription (%):	80%
Annual Max:	$	Adult Day Health Care?:	UNK
Visit (%):		Dental Cov. Type:	PERCENTAGE AMOU
Max Visits Per Year:		Dental Cov. (%):	48%

Mental Health Inpatient

MH Inpt. Max Days/Year:		MH Opt. Max Days/Year:	
MH Lifetime Inpt. Max:	$	MH Lifetime Opt. Max:	$
MH Annual Inpt. Max:	$	MH Annual Opt. Max:	$
Mental Health Inpt. (%):		Mental Health Opt. (%):	

Home Health Care

Care Level:	
Visits Per Year:	
Max. Days Per Year:	
Med. Equipment (%):	
Visit Definition:	

Hospice

Annual Deductible:	$
Inpatient Annual Max.:	$
Lifetime Max.:	$
Room and Board (%):	
Other Inpt. Charges (%):	

Rehabilitation

OT Visits/Yr:	
PT Visits/Yr:	
ST Visits/Yr:	
Med Cnslg. Visits/Yr:	

IV Management

IV Infusion Opt?:	UNK
IV Infusion Inpt?:	UNK
IV Antibiotics Opt?:	UNK
IV Antibiotics Inpt?:	UNK

User Information

Entered By: BROWN,NANCY
Entered On: 02/02/94
Last Updated By: BROWN,NANCY
Last Updated On: 02/18/94

```
          Enter ?? for more actions                                        >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
```

```
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Third Party Joint Inquiry

EXAMPLE, cont.

```
Patient Eligibility            May 20, 1996 07:45:44          Page:    1 of    1
N10273   JONES,ANDREW  A9281              DOB: 07/07/50   Subsc ID:

             Means Test: CATEGORY A                        Insured: Yes
          Date of Test: 08/24/94                    A/O Exposure:
  Co-pay Exemption Test:                           Rad. Exposure:
          Date of Test:

     Primary Elig. Code: NSC
    Other Elig. Code(s): EMPLOYEE
                         AID & ATTENDANCE
      Service Connected: No
     Rated Disabilities: BONE DISEASE (0%-NSC)
                         DEGENERATIVE ARTHRITIS (40%-NSC)



          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

SECTION 3 - PATIENT INSURANCE MENU

Patient Insurance Info View/Edit
View Patient Insurance
Insurance Company Entry/Edit
View Insurance Company
List Inactive Ins. Co. Covering Patients
List Plans by Insurance Company
List New not Verified Policies

Option Overview

PATIENT INSURANCE INFO VIEW/EDIT - Used to look at a patient's insurance information and edit that data, if necessary.

VIEW PATIENT INSURANCE - Used to look at a patient's insurance information.

INSURANCE COMPANY ENTRY/EDIT - Used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies.

VIEW INSURANCE COMPANY - Used to look at data related to a selected insurance company.

LIST INACTIVE INS. CO. COVERING PATIENTS - Provides a listing of inactive insurance companies that are listed in the system as providing coverage.

LIST PLANS BY INSURANCE COMPANY - Produces a list of insurance plans offered by one or more insurance companies. May also be used to provide a list of subscribers for one or more insurance plans at one or more insurance companies.

LIST NEW NOT VERIFIED POLICIES - Produces a list, by patient, of new insurance entries that have not been verified.

Patient Insurance Info View/Edit

The Type of Policy field has been changed to display the Type of Plan rather than the Type of Plan's Major Category.

Introduction

The Patient Insurance Info View/Edit option is used to look ata patient's insurance information and edit that data, if necessary. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. Inactive policies will be listed as long as the patient has not been repointed from that inactive policy to an active policy.

About the Screens...

In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. When EXIT is entered, you are asked if you wish to "Exit option entirely?". A YES response returns you to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Following is a listing of the screens found in this option and a brief description of the actions they allow. Actions shown in *italics* access other screens. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instruction on how to respond.

Patient Insurance Management Screen

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include type of policy, group name, holder, effective date, and expiration date.

Patient Insurance Info View/Edit

Introduction, cont.

Actions

AP Add Policy - Allows you to add an insurance policy for the selected patient.

VP Policy Edit/View (accesses Patient Policy Information screen) - Allows you to view and edit extensive insurance policy data.

DP Delete Policy - Allows you to delete an insurance policy for the selected patient. IB INSURANCE SUPERVISOR security key is required.

AB Annual Benefits - (accesses Annual Benefits Editor screen) - Used to enter annual benefits data for the selected policy.

EA Fast Edit All - A quick way to enter portions of the patient insurance information.

BU Benefits Used (accesses the Benefits Used By Date Editor screen) - Used to enter policy benefits already used.

VC Verify Coverage - Allows the user to enter into the system verification that the insurance coverage exists and the information is correct.

RI Personal Riders - Displays current riders and allows addition of new riders.

CP Change Patient - Allows you to change to another patient without returning to the beginning of the option.

WP Worksheet Print - Used to print the standard worksheet showing the data for the benefit year within the past 12 months. If no benefit year on file, will print the standard form without the data. Must be printed at 132 column margin width.

PC Print Insurance Cov. - Similar to worksheet. Used when bulk of information is already in the computer. Will show two most recent benefit years. If no benefit years on file, will offer WP action (see above).

Patient Insurance Info View/Edit

Introduction, cont.

Patient Policy Information Screen
This screen is displayed listing expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, effective dates, plan coverage limitations, last contact, and comments on the patient policy or insurance group plan. The sections on user informa-tion and insurance company information are not editable.

Actions

PI Change Plan Info - Allows entry/edit of group plan information.

UI UR Info - Allows entry/edit of utilization review information.

ED Effective Dates - Allows you to edit the effective date and expiration date of the insurance policy.

SU Subscriber Update - Allows you to edit the subscriber (person who holds the insurance coverage) information.

IP Inactive Plan - Allows you to inactivate an insurance plan, or move subscribers from multiple insurance plans into one master plan.

IC Insur. Contact Inf. - Allows you to add/edit the last insurance contact.

EM Employer Info - Allows you to edit the subscriber's employer information.

AC Add Comment - Allows the user to add a comment regarding the patient's policy or the insurance group plan.

EA Fast Edit All - A quick way to enter portions of the patient insurance information.

CP Change Policy Plan - Allows you to change the plan to which a veteran is subscribing.

VC Verify Coverage - Allows the user to enter into the system verification that the insurance coverage exists and the information is correct.

Patient Insurance Info View/Edit

Introduction, cont.

AB Annual Benefits (accesses Annual Benefits Editor screen) - Used to enter annual benefits data for the selected policy.

CV Add/Edit Coverage - Allows you to add or edit coverage limitations for a specific plan.

BU Benefits Used - (accesses the Benefits Used By Date Editor screen) - Used to enter policy benefits already used.

Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Actions

PI Policy Information - Allows entry/edit of maximum out of pocket and ambulance coverage.

IP Inpatient - Allows entry/edit of inpatient benefits data.

OP Outpatient - Allows entry/edit of outpatient benefits data.

MH Mental Health - Allows entry/edit of mental health inpatient and outpatient benefits data.

HH Home Health - Allows entry/edit of home health care benefits data.

HS Hospice - Allows entry/edit of hospice benefits data.

RH Rehab - Allows entry/edit of rehabilitation benefits data.

IV IV Mgmt. - Allows entry/edit of intravenous management benefits data.

Patient Insurance Info View/Edit

Introduction, cont.
EA Edit All - Lists editable fields line by line for quick data entry.

CY Change Year - Allows you to change to another benefit year.

Benefits Used By Date Editor Screen
Once the benefit year is selected, this screen is displayed
listing all the benefits used for the selected insurance policy and benefit year.
Benefit categories may include inpatient and outpatient deductibles.

PI Policy Info - Allows entry/edit of policy information such as deductible met and pre-existing conditions.

OD Opt Deduct - Allows entry/edit of the outpatient deductible insurance information.

ID Inpt Deduct - Allows entry/edit of the inpatient deductible insurance information.

AC Add Comment - Allows the user to add a comment regarding claims filed.

EA Edit All - A quick way to enter portions of the patient insurance information.

CY Change Year - Allows you to change to another benefit year.

Patient Insurance Info View/Edit

Example

```
Select PATIENT NAME: DUMONT,ROLAND          11-28-31     020248845     YES
SC VETERAN  ..


Patient Insurance Management  Nov 22, 1993 13:51:09          Page:  1 of    1
Insurance Management for Patient: DUMONT,ROLAND D8845

    Insurance Co.     Type of Policy   Group        Holder   Effec t.    Expires
1   RIGHA                              1546         UNKNOWN
2   PRUDENTIAL        SURGICAL EXPENS  123          SELF     04/01/93

          Enter ?? for more actions                                        >>>
AP  Add Policy            EA  Fast Edit All         CP  Change Patient
VP  Policy Edit/View      BU  Benefits Used         WP  Worksheet Print
DP  Delete Policy         VC  Verify Coverage       PC  Print Insurance Cov.
AB  Annual Benefits       RI  Personal Riders       EX  Exit
Select Item(s): Quit// VP=2   Policy Edit/View  ..........




Patient Policy Information     Nov 22, 1993 13:51:39       Page:    1 of    3
Expanded Policy Information for: DUMONT,ROLAND     013-92-8845
PRUDENTIAL Insurance Company                       ** Plan Currently Active **

  Plan Information                          Insurance Company
    Is Group Plan: YES                          Company: PRUDENTIAL
       Group Name: PACKERS                       Street: 123 MAIN STREET
     Group Number: 123                       City/State: YORKVILLE, NY 33343
     Type of Plan: SURGICAL EXPENSE INSURANCE

  Utilization Review Info                    Effective Da tes
          Require UR: YES                    Effective Date: 04/01/93
    Require Pre-Cert: YES                   Expiration Date:
    Exclude Pre-Cond: NO
 Benefits Assignable: YES

+         Enter ?? for more actions
PI  Change Plan Info      IC  Insur. Contact Inf.   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     AC  Add Comme nt          BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EX  Exit
Select Item(s): Quit// AB=2   Annual Benefits
```

Patient Insurance Info View/Edit

Example, cont.

```
Current benefit years on file:
    1.  12/01/93
BENEFIT YEAR BEGINNING ON: 12/01/93// <RET>   DEC  1, 1993    ............


Annual Benefits Editor        Nov 22, 1993 14:17:36        Page:    1 of    4
Annual Benefits for: PRUDENTIAL Ins. Co
             Policy: 123                              Ben Yr: DEC  1, 1992
------------------------------------------------------------------------------
                          Policy Information
                     Max. Out of Pocket: $  300
                  Ambulance Coverage (%):    80%



                                  Inpatient
      Annual Deductible: $  200         Drug/Alcohol Lifet. Max: $ 8888
  Per Admis. Deductible: $   40         Drug/Alcohol Annual Max: $  888
     Inpt. Lifetime Max: $ 9999                Nursing Home (%):    80%
       Inpt. Annual Max: $  999         Other Inpt. Charges (%):    80%
       Room & Board (%):    80%

+         Enter ?? for more actions                                      >>>
PI  Policy Info           HH  Home Health           EA  Edit All
IP  Inpatient             HS  Hospice               CY  Change Year
OP  Outpatient            RH  Rehab                 EX  Exit
MH  Mental Health         IV  IV Mgmt.
Select Action: Next Screen// OP   Outpatient


ANNUAL DEDUCTIBLE (OPT): 200// 225
PER VISIT DEDUCTIBLE: 25// <RET>
OUTPATIENT LIFETIME MAXIMUM: 9999// <RET>
OUTPATIENT ANNUAL MAXIMUM: 666// <RET>
OUTPATIENT VISIT (%): 80// <RET>
OUTPATIENT VISITS PER YEAR: 32// <RET>
OUTPATIENT SURGERY (%): 80// <RET>
EMERGENCY OUTPATIENT (%): 80// <RET>
PRESCRIPTION (%): 40// <RET>
ADULT DAY HEALTH CARE: 0  NO
DENTAL COVERAGE TYPE: PER VISIT AMOUNT// <RET>
DENTAL COVERAGE $ OR %: 80// <RET>.............
```

Patient Insurance Info View/Edit

Example, cont.

```
Annual Benefits Editor        Nov 22, 1993 14:18:25         Page:   2 of    4
Annual Benefits for: PRUDENTIAL Ins. Co
            Policy: 123                          Ben Yr: DEC  1, 1992
+
                                    Outpatient
      Annual Deductible: $  225                  Surgery (%):    80%
   Per Visit Deductible: $   25                Emergency (%):    80%
           Lifetime Max: $ 9999             Prescription (%):    40%
             Annual Max: $  666        Adult Day Health Care?:    80
              Visit (%):    80%              Dental Cov. Type: PER VISIT AMOUNT
    Max Visits Per Year:    32                   Dental Cov.:   80

    Mental Health Inpatient                Mental Health Outpatient
 MH Inpt. Max Days/Year:    75             MH Opt. Max Days/Year:    30
  MH Lifetime Inpt. Max: $  400              MH Lifetime Opt. Max: $  300
    MH Annual Inpt. Max: $  500                MH Annual Opt. Max: $  400
Mental Health Inpt. (%):    80%           Mental Health Opt. (%):    80%

+         Enter ?? for more actions                                        >>>
PI  Policy Info           HH  Home Health          EA  Edit All
IP  Inpatient             HS  Hospice              CY  Change Year
OP  Outpatient            RH  Rehab               EX  Exit
MH  Mental Health         IV  IV Mgmt.
Select Action: Next Screen//
```

View Patient Insurance

INTRODUCTION The View Patient Insurance option is used to look at a patient's insurance information. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. Editing of the data is not allowed through this option.

About the Screens...
In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. When EXIT is entered, you are asked if you wish to "Exit option entirely?". A YES response returns you to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Following is a listing of the screens found in this option and a brief description of the actions they allow. Actions shown in *italics* access other screens.

Patient Insurance Management Screen
Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include type of policy, group name or individual, holder, effective date, and expiration date.

VP View Policy Info (accesses Patient Policy Information screen) - Allows you to view extensive insurance policy data.

View Patient Insurance

INTRODUCTION cont.

Actions

AB Annual Benefits - (accesses Annual Benefits Editor screen) - Used to view annual benefits data for the selected policy.

BU Benefits Used - (accesses Benefits Used By Date Editor screen) - Used to view policy benefits already used.

CP Change Patient - Allows you to change to another patient without returning to the beginning of the option.

Patient Policy Information Screen

This screen is displayed listing expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information,
policy information, effective dates, plan coverage limitations, last contact, comments on the patient policy or insurance group plan, and personal riders. The only action allowed from this screen is EXIT.

Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management. The only actions allowed from this screen are CY to change the benefit year and EXIT.

Benefits Used By Date Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits used for the selected insurance policy and benefit year. Benefit categories may include inpatient and outpatient deductibles. The only actions allowed from this screen are CY to change the benefit year and EXIT.

Due to the nature of this option, a process chart has not been provided.

View Patient Insurance

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
Select PATIENT NAME: DUMONT,ROLAND          11-28-31     020248845     YES
SC VETERAN  ..


Patient Insurance Management  Nov 22, 1993 13:51:09          Page:  1 of    1
Insurance Management for Patient: DUMONT,ROLAND D8845

    Insurance Co.     Type of Policy   Group        Holder   Effect.    Expires
1   RIGHA                              1546         UNKNOWN
2   PRUDENTIAL        MAJOR MEDICAL    123          SELF     04/01/93

          Enter ?? for more actions                                          >>>
VP  Policy Edit/View      BU  Benefits Used         EX  Exit
AB  Annual Benefits       CP  Change Patient
Select Item(s): Quit// VP=2   View Policy Info



Patient Policy Information    Nov 22, 1993 13:51:39          Page:  1 of    3
Expanded Policy Information for: DUMONT,ROLAND     013-92-8845
PRUDENTIAL Insurance Company                       **Plan Currently Active**

  Plan Information                              Insurance Company
    Is Group Plan: YES                            Company: PRUDENTIAL
       Group Name: PACKERS                         Street: 123 MAIN STREET
     Group Number: 123                          City/State: YORKVILLE, NY 33343
   Insurance Type: MAJOR MEDICAL EXPENSE INSURANCE



  Utilization Review Info                        Effective Dates
          Require UR: YES                       Effective Date: 04/01/93
    Require Pre-Cert: YES                      Expiration Date:
    Exclude Pre-Cond: NO
 Benefits Assignable: YES

+         Enter ?? for more actions
EX  Exit
Select Item(s): Next Screen// <RET>
```

View Patient Insurance

Example, cont.

```
Patient Policy Information     Nov 22, 1993 15:27:55        Page:   2 of    3
Expanded Policy Information for: DUMONT,ROLAND
PRUDENTIAL Insurance Company
+
  Subscriber Information                 Subscriber's Employer Information
  Whose Insurance: VETERAN             Claims to Employer: Yes, Send to Employer
  Subscriber Name: DUMONT,ROLAND                  Company: CANAL PA PER
     Relationship: PATIENT                         Street: 1865 STATE ST
 Insurance Number: 5948333                    City/State: SCHENECTADY, NY 12309
 Coord.  Benefits: PRIMARY                           Phone: 371 -5233

  Plan Coverage Limitations
   Coverage            Effective Date   Covered?       Limit Comments
   --------            --------------   --------       --------------
   INPATIENT                            BY DEFAULT
   OUTPATIENT                           BY DEFAULT
   PHARMACY                             BY DEFAULT

+         Enter ?? for more actions
EX  Exit
Select Action:Next Screen// <RET>
```

```
Patient Policy Information     Nov 22, 1993 15:30:06        Page:   3 of    3
Expanded Policy Information for: DUMONT,ROLAND
PRUDENTIAL Insurance Company
+
  User Information                       Insurance Contact (last)
       Entered By: REYNOLDS,NANCY        Person Contacted: SMITH,DON
       Entered On: 11/16/93             Method of Contact: VOICE MAIL
 Last Verified By: SIMMONS,ALAN           Contact's Phone:
 Last Verified On: 01/18/94                  Contact Date: JAN 05, 1994
  Last Updated By: SIMMONS,ALAN
  Last Updated On: 01/18/94

  Comment -- Patient Policy
 Policy has no expiration date.

  Comment -- Group Plan
   Dental coverage now provided.

          Enter ?? for more actions
EX  Exit
Select Action:Quit//
```

Insurance Company Entry/Edit

Now displays NO for ALLOW MULTIPLE BEDSECTIONS only if the field has been answered NO. Previously, NO was assumed if there was no answer in the field.

The Billing Parameters action of this option has been modified so that the user may enter the BIN number for an insurance carrier. This number ID is also displayed in the Insurance Company Editor screen. The BIN number must be entered for the company which is the Tricare FI (Fiscal Intermediary: the company with which the Tricare patient holds their Tricare insurance coverage). The BIN number is passed to the RNA package and transmitted to the electronic switch company, where it is used to determine the address for forwarding to the FI. If the BIN number is not entered, pharmacy claims will not be passed to the RNA system for submission to the FI.

Only national, print-type forms may be selected at the FORM TYPE field. A locally defined form name cannot be selected. The FORM TYPE field is used to determine the basic bill format, not the specific form that will print for the insurance company.

Introduction

The Insurance Company Entry/Edit option is used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies. An insurance company must be in the INSURANCE COMPANY file before it can be entered into a patient's record.

When entering new insurance companies, you will be prompted for the company street address, city, and whether or not the company will reimburse for treatment.

Following is a listing of the actions found on the screen in this option and a brief description of each. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instruction on how to respond.

Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

Insurance Company Entry/Edit

Introduction, cont.

BP Billing Parameters - Allows you to add/edit the billing parameters for the selected insurance company.

MM Main Mailing Address - Allows you to add/edit the company's main mailing address. The address entered here will automatically be entered for the other office addresses.

IC Inpt Claims Office - Allows you to add/edit the company's inpatient claims office name, address, phone and fax numbers.

OC Opt Claims Office - Allows you to add/edit the company's outpatient claims office name, address, phone and fax numbers.

PC Prescr Claims Of - Allows you to add/edit the company's prescription claims office name, address, phone and fax numbers.

AO Appeals Office - Allows you to add/edit the company's appeals office name, address, phone and fax numbers.

IO Inquiry Office - Allows you to add/edit the company's inquiry office name, address, phone and fax numbers.

RE Remarks - Allows the user to enter comments concerning the selected insurance company.

SY Synonyms - Allows you to add/edit any synonyms for the selected company.

EA Edit All - Lists editable fields line by line for quick data entry.

AI (In)Activate Company - Allows you to activate/inactivate the selected insurance company. This may be used to inactivate duplicate companies in the system. When an insurance company is no longer valid, it is important to inactivate the company rather than delete it from the system. The IB INSURANCE SUPERVISOR security key is required. Once a company has been inactivated, it may not be selected when entering billing information.

You may also obtain a report of patients insured by a given company through this action.

Insurance Company Entry/Edit

Introduction, cont.

CC Change Insurance Co. - Allows you to change to another company without returning to the beginning of the option.

DC Delete Company - Allows you to delete an entry from the INSURANCE COMPANY (#36) file. If claims have been submitted to the company, another company must be selected in which to point all claims and receivables information.

PL Plans (accesses Insurance Plan List screen) - Allows you to display and change plan attributes associated with the insurance company.

Insurance Plan List Screen

This screen lists all plans (active and inactive, group and individual) for the selected insurance company.

Actions

VP View/Edit Plan (accessesView/Edit Plan screen) - Allows you to display /change plan detailed information.

IP Inactive Plan - Allows you to inactivate an insurance plan, or move subscribers from multiple insurance plans into one master plan.

AB Annual Benefits - (accesses Annual Benefits Editor screen) - Used to enter annual benefits data for the selected policy.

Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Actions

PI Policy Information - Allows entry/edit of maximum out of pocket and ambulance coverage.

Insurance Company Entry/Edit

Introduction, cont.

IP Inpatient - Allows entry/edit of inpatient benefits data.

OP Outpatient - Allows entry/edit of outpatient benefits data.

MH Mental Health - Allows entry/edit of mental health inpatient and outpatient benefits data.

HH Home Health - Allows entry/edit of home health care benefits data.

HS Hospice - Allows entry/edit of hospice benefits data.

RH Rehab - Allows entry/edit of rehabilitation benefits data.

IV IV Mgmt. - Allows entry/edit of intravenous management benefits data.

EA Edit All - Lists editable fields line by line for quick data entry.

CY Change Year - Allows you to change to another benefit year.

View/Edit Plan Screen

This screen displays plan information for viewing/editing including utilization review info, plan coverage limitations, annual benefit dates, user information, and plan comments.

Actions

PI Policy Information - Allows entry/edit of maximum out of pocket and ambulance coverage.

UI UR Info - Allows entry/edit of utilization review information.

CV Add/Edit Coverage - Allows you to add or edit coverage limitations for a specific plan.

PC Plan Comments - Allows editing of comments for the plan.

Insurance Company Entry/Edit

Introduction, cont.

IP Inpatient - Allows entry/edit of inpatient benefits data.

AB Annual Benefits - (accesses Annual Benefits Editor screen) - Used to enter annual benefits data for the selected policy.

CP Change Plan - Allows you to select another plan for this insurance company without having to exit back to the previous screen.

Although this option is not locked, the MCCR System Definition Menu is locked with the IB SUPERVISOR security key.

Example

```
Insurance Company Editor    May 30, 1997 10:32:43     Page:    1 of    5
Insurance Company Information for: FOUNDATION HEALTH
Type of Company: CHAMPUS                      Currently Active

                              Billing Parameters
  Signature Required?: NO                      Attending Phys. ID:
           Reimburse?: WILL REIMBURSE          Hosp. Provider No.:
    Mult. Bedsections:                          Primary Form Type:
     Diff. Rev. Codes:                              Billing Phone:
       One Opt. Visit: NO                       Verification Phone:
  Amb. Sur. Rev. Code:                         Precert Comp. Name:
  Rx Refill Rev. Code:                              Precert Phone:
    Filing Time Frame:                                 Bin Number:

+         Enter ?? for more actions                                    >>>
BP  Billing Parameters    AO  Appeals Office        AI  (In)Activate Company
MM  Main Mailing Address  IO  Inquiry Office        CC  Change Insurance Co.
IC  Inpt Claims Office    RE  Remarks               DC  Delete Company
OC  Opt Claims Office     SY  Synonyms              PL  Plans
PC  Prescr Claims Of      EA  Edit All               EX  Exit
Select Action: Next Screen// BP   Billing Parameters


SIGNATURE REQUIRED ON BILL?: NO// <RET>
REIMBURSE?: WILL REIMBURSE// <RET>
ALLOW MULTIPLE BEDSECTIONS: <RET>
DIFFERENT REVENUE CODES TO USE: <RET>
ONE OPT. VISIT ON BILL ONLY: <RET>
AMBULATORY SURG. REV. CODE: <RET>
PRESCRIPTION REFILL REV. CODE: <RET>
```

Insurance Company Entry/Edit

Example, cont.

```
BIN NUMBER: ??
     This field is used for facilities who are billing CHAMPUS prescription
     charges electronically to the CHAMPUS fiscal intermediary.  The Bin
     number identifies this company as the CHAMPUS FI to the electronic
     billing system so that the claim is correctly routed to the FI.
BIN NUMBER: <RET>
FILING TIME FRAME: <RET>
FILING TIME FRAME: <RET>
ATTENDING PHYSICIAN ID.: <RET>
HOSPITAL PROVIDER NUMBER: <RET>
FORM TYPE: <RET>
TYPE OF COVERAGE: INDEMNITY// <RET>
BILLING PHONE NUMBER: 518-272-1000// <RET>
VERIFICATION PHONE NUMBER: <RET>
Are Precerts Processed by Another Insurance Co.?: NO
         // <RET>
PRECERTIFICATION PHONE NUMBER: <RET>...........
```

View Insurance Company

INTRODUCTION The View Insurance Company option is used to look at data related to a selected insurance company. Editing of the data is not allowed through this option.

About the Screen...
In the top left corner of each screen is the screen title. The following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any "Select Action" prompt displays all available actions for that screen.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. When EXIT is entered, you are asked if you wish to "Exit option entirely?". A YES response returns you to the menu. A NO response has the same result as the QUIT action. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Insurance Company Editor Screen
Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

The two actions available through this option are CC Change Insurance Co. which allows you to change to another company without returning to the beginning of the option, and EXIT.

Due to the nature of this option, a process chart has not been provided.

View Insurance Company

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
Select INSURANCE COMPANY NAME: prudential

Insurance Company Editor      Nov 23, 1993 07:35:58         Page:   1 of    5
Insurance Company Information for: PRUDENTIAL
Type of Company: HEALTH INSURANCE                     Currently Inactive
-------------------------------------------------------------------------------
                              Billing Parameters
  Signature Required?: YES                    Attending Phys. ID: VAMV001
           Reimburse?: DEPENDS ON POLICY, CH  Hosp. Provider No.: 899
    Mult. Bedsections: YES                     Primary Form Type: UB-92
     Diff. Rev. Codes: 444,555                      Billing Phone: 434-5343
       One Opt. Visit: NO                     Verification Phone: 454-3422
  Amb. Sur. Rev. Code: 960                    Precert Comp. Name:
  Rx Refill Rev. Code:                             Precert Phone: 453-2698
    Filing Time Frame: 18 MONTHS

+         Enter ?? for more actions                                        >>>
CC  Change Insurance Co.            EX  Exit
Select Action: Next Screen// <RET>


Insurance Company Editor      Nov 23, 1993 07:38:09        Page:    2 of    5
Insurance Company Information for: PRUDENTIAL
Type of Company: HEALTH INSURANCE                     Currently Inactive
+
-------------------------------------------------------------------------------
                         Main Mailing Address
        Street: 222 FIRST ST                  City/State: TROY, NY 12180
      Street 2:                                    Phone: 271-4533
      Street 3:                                      Fax: 271-4500

                     Inpatient Claims Office Information
  Company Name: PRUDENTIAL                      Street 3:
        Street: 222 FIRST ST                  City/State: TROY, NY 12180
      Street 2:                                    Phone: 271-4533
                                                     Fax: 271-4500

+         Enter ?? for more actions                                        >>>
CC  Change Insurance Co.            EX  Exit
Select Action: Next Screen// <RET>
```

View Insurance Company

EXAMPLE, cont.

```
Insurance Company Editor      Nov 23, 1993 07:40:34        Page:    3 of    5
Insurance Company Information for: PRUDENTIAL
Type of Company: HEALTH INSURANCE                      Currently Inactive
+
                      Outpatient Claims Office Information
  Company Name: AETNA                                Street 3:
        Street: 789 UBIQUITOUS STREET             City/State: SALT LAKE CITY, UT
      Street 2:                                        Phone: 333 4445676
                                                         Fax:

                     Prescription Claims Office Information
  Company Name: AETNA                                Street 3:
        Street: 789 UBIQUITOUS STREET             City/State: SALT LAKE CITY, UT
      Street 2:                                        Phone: 333 4445676
                                                         Fax:

+         Enter ?? for more actions                                          >>>
CC  Change Insurance Co.            EX  Exit
Select Action: Next Screen// <RET>
```

```
Insurance Company Editor      Nov 23, 1993 07:40:34        Page:    4 of    5
Insurance Company Information for: PRUDENTIAL
Type of Company: HEALTH INSURANCE                      Currently Inactive
+
                           Appeals Office Information
  Company Name: PRUDENTIAL                           Street 3:
        Street: 123 MAIN STREET                   City/State: YORKVILLE, NY 33343
      Street 2:                                        Phone: 222-7544
                                                         Fax:

                           Inquiry Office Information
  Company Name: PRUDENTIAL                           Street 3:
        Street: 123 MAIN STREET                   City/State: YORKVILLE, NY 33343
      Street 2:                                        Phone: 222-7544
                                                         Fax:

+         Enter ?? for more actions                                          >>>
CC  Change Insurance Co.            EX  Exit
Select Action: Next Screen// <RET>
```

View Insurance Company

EXAMPLE, cont.

```
Insurance Company Editor      Nov 23, 1993 07:40:34        Page:    5 of    5
Insurance Company Information for: PRUDENTIAL
Type of Company: HEALTH INSURANCE                     Currently Inactive
+
  Remarks
   Yorkville location is not main address of company.


  Synonyms
   PRUDENTIAL HEALTH

          Enter ?? for more actions                                        >>>
CC  Change Insurance Co.            EX  Exit
Select Action: Quit// <RET>
```

List Inactive Ins. Co. Covering Patients

INTRODUCTION

The List Inactive Ins. Co. Covering Patients option is used to provide a listing of inactive insurance companies that are listed in the system as providing patient coverage.

Occasionally, an insurance company may be in the system twice under slightly different names (i.e., Blue Cross and Blue Cross of New York) when in fact they are the same company. Once the correct name is established, it would be necessary to inactivate the incorrect name and "repoint" those patients to the correct name. This option provides the number of patients which should be repointed to another company.

Information provided on the output includes insurance company name and address and the number of patients the system shows as having coverage by that company.

Due to the brevity of this option, a process chart has not been provided.

List Inactive Ins. Co. Covering Patients

EXAMPLE
The following example shows what might appear on your screen while using this option. User responses appear in boldface type.

```
Select Patient Insurance Menu Option: LC  List Inactive Ins. Co. Covering
Patients

Print List of Inactive Insurance Companies still listed as Insuring Patients


  START WITH INSURANCE COMPANY: FIRST// ABC
  GO TO INSURANCE COMPANY: LAST// <RET>
DEVICE: A200       RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y  (YES)

REQUESTED TIME TO PRINT: NOW// <RET>
REQUEST QUEUED!
Task number: 12831
```

```
INACTIVE INSURANCE COMPANIES WITH PATIENTS     NOV 16,1993  08:46    PAGE 1
                                                                       NUMBER
INSURANCE COMPANY       STREET                CITY             STATE  PATIENTS
-------------------------------------------------------------------------------

ABC INSURANCE COMPANY   2123 MAIN STREET      NEW YORK         NY           1
AETNA                   235 PENN AVE          COHOES           NY          19
NATIONWIDE              77 PARKER BLVD        ROCHESTER        MN           1
PRUDENTIAL              345 SECOND AVE        ALBANY           NY           2
```

List Plans by Insurance Company

INTRODUCTION

This report provides insurance information from both a plan and subscriber perspective. It is designed to generate lists of plans by insurance company, and lists of subscribers (policies) by insurance plan. It can be used to generate plan and subscriber lists to be used for your database clean-up efforts. Once your database integrity has been restored, the report can be used to generate a list of subscribers to particular plans or companies.

Due to the brevity of this option, no process chart is included.

List Plans by Insurance Company

EXAMPLE

The following example shows what might appear on your screen while using this option followed by an example of the output. User responses appear in boldface type.

```
Select Patient Insurance Menu Option:  LP  List Plans by Insurance Company

    This report will generate a list of insurance plans by company.
    It will help you identify duplicates and verify patient coverage.
    You must select one, many (up to 20) or all of the insur ance companies;
    anywhere from one to all of the plans under each company; and whether to
    include the patient policies (subscribers) under each plan.  The number of
    plans you select is independent for each company you are including, but
    subscriber selection is the same (all or none) for all companies and
    plans within a report.  Regardless of how you run the report, the
    number of subscribers per plan will be included.


1. List Insurance Plans by Company
2. List Insurance Plans by Compa ny With Subscriber Information
     SELECT REPORT (1 OR 2): 1. List Insurance Plans by Company

     There are 50 insurance companies associated with plans.

1. List All 50 Ins. Companies
2. List Only Ins. Companies That You Select
     SELECT 1 or 2:  2. List Only Ins. Companies That You Select

There are 479 plans.  List all plans for each company? No//  <RET>

Select insurance company: aetna
     1   AETNA       123 Ave Of The MOONS      LOS ANGELES     CALIFORNIA   Y
     2   AETNA       235 PENN AVE          COHOES     DISTRICT OF COLUMBIA    Y
     3   AETNA       122 MAIN STREET          TROY     NEW YORK       Y
TYPE '^' TO STOP, OR
CHOOSE 1-3: 1
Select another insurance company: <RET>

Insurance Company # 1: AETNA
       ...OK? YES// <RET>   ...building a list of plans...
```

List Plans by Insurance Company

EXAMPLE, cont.

```
Insurance Plan Lookup          Sep 19, 1995 13:29:50       Page:    1 of    1
All Plans for: AETNA                                        Phone: 618 -567-987
               123 Ave Of The MOONS                       Precerts: 987 -965-8754
               LOS ANGELES, CA  00098
#  + => Indiv. Plan    * => Inactive Plan                    Pre -  Pre-  Ben
    Group Name          Group Number       Type of Plan     UR?  Ct?   ExC?  As?
1   AE                  93932              MEDICAL EXPEN    NO   YES   YES   YES
2   NYS                 12343221           MEDI -CAL        YES  YES   YES   YES
3   KROGER              112222             MAJOR MEDICAL    NO   YES   NO    YES
4   RETIRED             4321               MAJOR MEDICAL    YES  YES   NO    YES

          Enter ?? for more actions
SP  Select Plan
Select Action: Quit// sp=1 4   Select Plan
Would you like to select any other plans? NO// <RET>


*** You will need a 132 column printer for this report. ***

DEVICE: HOME// <RET>  LAT    RIGHT MARGIN: 80// 132

LIST OF PLANS BY INSURANCE COMPANY                              SEP 19, 1995@13:34      Page: 1
------------------------------------------------------------------------------------------------------------------------
 Ins. Co.: AETNA                          Phone: 618 -567-987                    ACTIVE COMPANY
           123 Ave  Of The MOONS          Precert  Phone: 987-965-8754           PLAN TOTAL= 4
           LOS ANGELES, CA  00098                                          SUBSCRIBER TOTAL= 11

     GROUP NUMBER          GROUP NAME     GROUP OR IND   ACTIVE/INACTIVE    SUBSCRIBERS   ANN. BEN ?  BEN. USED?

     93932                 AE             GRP            ACTIVE                 5            NO          NO

     4321                  RETIRED        GRP            ACTIVE                 2            YES         NO

                                                                        Number of Plans Selected = 2
                                                          Total Subscribers Under Selected Plans = 7


Enter RETURN to continue or '^' to exit:
```

List New not Verified Policies

INTRODUCTION

The List New not Verified Policies option is used to produce a list by patient of new insurance entries that have not been verified. After running this report, you would use the Verify Coverage action of the Patient Insurance Info View/Edit option to verify coverage for individual patients.

You may specify a date range and patient name range to limit the parameters of the report.

Information provided on the output includes patient name and ID#, insurance company name, subscriber ID, person who made the entry, and date entered. A total count is also provided.

Due to the brevity of this option, a process chart has not been provided.

List New not Verified Policies

EXAMPLE
The following example shows what might appear on your screen while using this option followed by an example of the output. User responses appear in boldface type.

```
Print List of New, Not Verified Insurance Entries

You will need a 132 column printer for this report!

Start with DATE: 8 1 93
Go to DATE: 12 1 93
   START WITH NAME: FIRST// <RET>
DEVICE: A200    RIGHT MARGIN: 132// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y  (YES)

REQUESTED TIME TO PRINT: NOW// <RET>
REQUEST QUEUED!
Task number: 13406
```

REPORT OF NEW, NOT VERIFIED INSURANCE ENTRIES FROM: 8/01/93 TO: 12/01/93 DEC 16,1993 15:05 PAGE 1

PATIENT	PATIENT ID	INSURANCE CO	SUBSCRIBER ID	WHO ENTERED	DATE ENTERED
ABRAMS,ROGER	328938276	PRUDENTIAL	3483920	RUDINGER,NANCY	AUG 17,1993
ACKERLEY,DENNIS	078460348	BLUE CROSS BLUE SHIE LD	123456	THINER,ELIZABETH A	SEP 17,1993
ADAMS,FRANCES	543333434	PRUDENTIAL	2587	GIGLIA,ELLEN	OCT 12,1993
ADAMS,JOHN	120984587	GHI	12345	RUDINGER,NANCY	NOV 16,1993
ADDAMS,THOMAS	134545678	GHI	87980	RUDINGER,NANCY	NOV 16,1993
AGRICOLA,MICHAEL	569749893	PRUDENTIAL	99900	GIGLIA,ELLEN	OCT 12,1993
ALBER,JOSEPH	128104432	GHI	32165	RUDINGER,NANCY	NOV 16,1993
WOODSON,DALE V.	160305104	PRUDENTIAL		GIGLIA,ELLEN	OCT 12,1993
YAK,PAUL	309010111	PRUDENTIAL	08612 -9	GIGLIA,ELLEN	OCT 12,1993
ZAUL,TODD	123455667	PRUDENTIAL	A12009	GIGLIA,ELLEN	OCT 12,1993
ZELENKE,PAT	009786789	BLUE CROSS BLUE SHIELD	123B	THINER,ELIZABETH A	SEP 15,1993
		ABC INSURANCE COMPANY	K980	THINER,ELIZABETH A	OCT 18,1993

COUNT 12